



GROVELAND TOWNSHIP
 4695 Grange Hall Road
 Holly, MI 48442
 Office (248) 634-4152
 Fax (248) 634-1351

APPLICATION FOR EMPLOYMENT (At Will)

Rev. 11-28-18

BRING IN, OR SUBMIT BY MAIL WITH RESUME

Groveland Township is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by State or Federal Law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known. Federal law has no such requirement.

Position Applied For				Application Date	
Date You Can Start		Please note this application will only remain active for (3) months, after which the applicant would need to re-apply.			
Last Name		First Name		Middle Name	
Social Security Number (Last 4 Digits Only)			Email		
Present Address:	Street	City	State	Zip Code	
Permanent Address:	Street	City	State	Zip Code	
Home Phone			Cell Phone		
Are you 18 years or older?		Yes	No		
Are there any hours or days of the week you cannot work?					
Type of Employment:	Part Time	Full Time	Salary		
Have you ever applied to Groveland Township before?		Yes	No		
If Yes, under what name?		When?			
EDUCATION					
Elementary School					
High School		Did you graduate?	Yes	No	
College			Number of years		
Subject / Major		Did you graduate?	Yes	No	
Specialized Training			Number of years		
Subject / Major		Did you graduate?	Yes	No	

Do you have US Military experience		Yes	No	Date Entered	
Branch	Rank	Date Discharged		Honorably?	Yes No
Are you lawfully entitled to be employed in the United States?			Yes	No	
Have you ever been convicted of a crime except a minor traffic violation?			Yes	No	
(The response to this question will be considered in the context of its job-relatedness only.) If so, please state citation, date and place where offense occurred.					

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application. Please use separate page.

REFERENCES

Name	Address	Phone	Relationship	Years Known

CURRENT AND MOST RECENT FORMER EMPLOYERS: (Most Recent One First)

Date: (Month/Year)	From	To
Name/Address/Phone of Employer		
Salary or Wage per year:	Starting	Ending
Last Position Held / Responsibilities:		
Reason for Leaving:		

Date: (Month/Year)	From	To
Name/Address/Phone of Employer		
Salary or Wage per year:	Starting	Ending
Last Position Held / Responsibilities:		
Reason for Leaving:		

Date: (Month/Year)	From	To
Name/Address/Phone of Employer		
Salary or Wage per year:	Starting	Ending
Last Position Held / Responsibilities:		
Reason for Leaving:		

May We Contact The Employers Listed?	Yes	No
If not, which ones?		

Additional Information for consideration:

Signature	Date
-----------	------

The above is true and correct to the best of my knowledge.