

# CHARTER TOWNSHIP OF COMSTOCK



## Employment Application

*A cover letter and resume may be attached*

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Present Address		City		State	Zip
Permanent Address		City		State	Zip
Phone ( )		E-mail Address			
Cell/Mobile	Date Available To Start			Desired Salary	
Position Applied for			Referred By		
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for the Township?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Are you currently employed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, may we inquire of your present employer?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a valid drivers license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, what State is your drivers license valid & the ID number	
EDUCATION					
High School		Address			
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	GED <input type="checkbox"/>	
College		Address			
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other		Address			
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
REFERENCES					
<i>Please list three professional references.</i>					
Full Name			Relationship		
Company			Phone ( )		
Address					
Full Name			Relationship		
Company			Phone ( )		
Address					
Full Name			Relationship		
Company			Phone ( )		
Address					

<b>PREVIOUS EMPLOYMENT</b>			
Employer		Phone ( )	
Address		Supervisor	
Position	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
Employer		Phone ( )	
Address		Supervisor	
Position	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
Employer		Phone ( )	
Address		Supervisor	
Position	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
<b>MILITARY SERVICE</b>			
Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			

**DISCLAIMER AND SIGNATURE**

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment, education, criminal history, medical history (post-offer only), or credit history with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquires and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by \_\_\_\_\_ . I agree that I shall be bound by the other rules, policies, regulations, and terms and conditions of employment of the township as they are from time to time changed, and no additional obligations can be imposed on the township except those which have been acknowledged in writing by the township. I hereby authorize the township to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owned by me to, the township during the course of my employment.

I agree that any action or suit against the township, its agents or employees, arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the township, in which the township prevails, I will pay to the township any and all such costs incurred by the township in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my post-offer physical are known.

Signature

Date