

# Application for Employment

## Charter Township of Flint

### Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Are you 18 or older?  Yes  No  
Are you legally eligible for employment in the U.S.A?  Yes  No Do you have a valid driver's license?  Yes  No  
Are you able to perform the essential functions of the position with or without accommodations?  Yes  No

### Employment Desired

Position: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_  
Are you employed now?  Yes  No IF yes, may we inquire of your present employer?  Yes  No  
Have you ever applied for this company before?  Yes  No Where? \_\_\_\_\_ When? \_\_\_\_\_  
Referred by: \_\_\_\_\_

### Education

School	Name/Location	Years Attended	Did you Graduate?	Major
High School				
College				
Business/ Trade School				
Other (Include certifications)				

Military Service:  Yes  No Duty/ Specialized Training: \_\_\_\_\_

### References

Name	Location	Phone	Occupation	Years Known

## Previous Employment

List most recent employer first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here. Attach an extra sheet if necessary.

Employer Name And Address	Position Title/Duties Skills	Dates Employed	
		From:	To:
	Supervisor's Name and Phone:	Salary:	Reason for Leaving:
		From:	To:
	Supervisor's Name and Phone:	Salary:	Reason for Leaving:
		From:	To:
	Supervisor's Name and Phone:	Salary:	Reason for Leaving:
		From:	To:
	Supervisor's Name and Phone:	Salary:	Reason for Leaving:

I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time. In consideration of employment, I agree to conform to the company's rules and regulations and I agree that my employment and compensation can be terminated, with or without notice at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice at any time. I understand that no company representative, other than its president and then only when in writing and signed by the president has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_