

**APPLICATION FOR EMPLOYMENT
TOWNSHIP OF SANDS
987 S M-553, GWINN, MI 49841
906-249-9169**

Position applied for _____ Date _____

Name _____ Phone _____

Address _____ City _____

State _____ ZIP _____

Are you 18 or older? _____

Note: Applicants for supervisory or highly technical positions may be requested to submit additional detail regarding educational and/or work experience.

EDUCATION

Indicate highest grade completed:

Elementary: 6 7 8

High School: 9 10 11 12

Vocational/Technical School: 1 2

College: 1 2 3 4

School	Name/Location	Dates of Attendance	Degree/Diploma
High School	_____	_____	_____
Vocational/Technical	_____	_____	_____
College	_____	_____	_____

Major Studies _____

Additional specialized training _____

Sands Township is an equal opportunity employer. All applications will be considered without regard to race, religion, color, sex, national origin, age, or physical handicap. Also, the township is in compliance with ADA requirements.

EMPLOYMENT HISTORY (most current first)

1. Employer _____ Address _____
 Supervisor _____ Title _____
 May we contact this employer? _____
 Business phone _____ Starting position _____
 Ending position _____
 Description of duties and responsibilities _____

 Dates of employment: From _____ To _____
 Salary history: Starting _____ Ending _____
 Reason for leaving _____

2. Employer _____ Address _____
 Supervisor _____ Title _____
 May we contact this employer? _____
 Business phone _____ Starting position _____
 Ending position _____
 Description of duties and responsibilities _____

 Dates of employment: From _____ To _____
 Salary history: Starting _____ Ending _____
 Reason for leaving _____

3. Employer _____ Address _____
 Supervisor _____ Title _____
 May we contact this employer? _____
 Business phone _____ Starting position _____
 Ending position _____
 Description of duties and responsibilities _____

 Dates of employment: From _____ To _____
 Salary history: Starting _____ Ending _____
 Reason for leaving _____

OTHER EMPLOYMENT

Name/Location of Employer	Position	Dates of Employment	Salary	Reason for Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is there any other information that may be of value in considering your application? _____

PROFESSIONAL REFERENCES
(List only persons we may contact at this time)

1. Name _____ Title _____
Address _____ Business phone _____

2. Name _____ Title _____
Address _____ Business phone _____

3. Name _____ Title _____
Address _____ Business phone _____

GENERAL INFORMATION

As a condition of employment, have you ever had a bond denied or revoked? _____

Are you a citizen of the United States? _____

If you are not a citizen of the United States, do you have authorization to work in the United States?

_____ What authorization? _____

Note: All employers are required by the Immigration Control Reform Act to certify the employee's authorization to work in the United States and to certify the identity of the employee.

Have you ever been convicted of a crime? _____

If so, when, where, and what was the nature of the offense? _____

Note: Conviction of a crime does not constitute an absolute bar to employment.

Do you have any disabilities or impairments (physical, mental, or medical) that would interfere with your ability to do the job for which you have applied? _____

If yes, please describe _____

Have you served in the United States Armed Forces? _____

Dates _____ Were you honorably discharged? _____

If no, explain _____

Have you previously applied for work with Sands Township? _____

If yes, in what year did you apply? _____

I hereby apply for employment with the township of Sands and state that the information contained in this application is true to the best of my knowledge and I understand and agree that any misinterpretation or false statement by me will constitute just cause for the Township of Sands not to employ me, or, if employed, to terminate my employment.

I understand and agree that all information furnished in the application may be verified by the Township of Sands. I hereby authorize all individuals and organizations named or referred to in this application to give the Township of Sands all information relative to such verification and hereby release such individuals, organizations, and the Township of Sands from any and all liability for any claim or damage resulting therefrom.

Signature _____ Date _____

Disclosure Statement:

Sec. 7(b) of Privacy Act of 1974

Mandated Use of Social Security Number

As an employer, Sands Township is required by federal and state law to use Social Security numbers (SSNs) to report and withhold payroll taxes.

The township will use employee SSNs (including elected and appointed officials, employees, and volunteers to whom compensation is paid) for payroll functions, expense reimbursement, and federal and state income tax reporting.

**SUPPLEMENTAL APPLICATION FOR PERMANENT AND TEMPORARY EMPLOYEES WHO DRIVE
TOWNSHIP VEHICLES**

Note: This section is for candidates and persons driving township vehicles as a requirement of the job.

1. List state, number, and expiration date for each driver's license or chauffeur's license that has been issued to you

State	Number	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you hold any driving endorsements? _____

If yes, what class? I II III

2. List all motor vehicle accidents in which you were involved during the past three years. Specify date, nature of accident, and any fatalities or personal injuries caused _____

3. List all violations of motor vehicle laws or ordinances, other than for parking only, of which you were convicted during the past three years _____

4. Describe the facts of any denial, revocation, or suspension of license, permit, or privilege to operate a motor vehicle that has been issued to you during the past three years _____

Signature of applicant _____ Date _____