## Village of Blissfield

## **APPLICATION FOR EMPLOYMENT**

130 S. Lane Street, P.O. Box 129 Blissfield, MI 49228 517-486-4347

**Equal Opportunity Employer** 

| Position a                | pplied for    | :                       |               |             |                   |                   |           |                       |
|---------------------------|---------------|-------------------------|---------------|-------------|-------------------|-------------------|-----------|-----------------------|
| Date avail                | lable to st   | art work:               |               |             |                   |                   |           |                       |
|                           |               |                         |               |             |                   |                   |           |                       |
| PERSON                    | IAL (print)   | )                       |               |             |                   |                   |           |                       |
| Name:                     | (Last)        | (First)                 |               | (Middle)    | Date              | e of Application  | l:        |                       |
| Addrace.                  |               |                         |               |             |                   | Llama Dhana       |           |                       |
| Address:(Number) (Street) |               |                         |               | nome rhone. |                   |                   |           |                       |
|                           |               |                         |               |             |                   | Cell Phone:       |           |                       |
|                           | (City)        |                         | (State)       | ,           | Zip Code)         |                   |           |                       |
| Email Add                 | lress:        |                         |               |             |                   |                   |           |                       |
|                           |               |                         |               |             |                   |                   |           |                       |
| EDUCATI                   | <u>ION</u>    | Name/Location           | Dat           | ies         | Did you           | Credit Hours C    | ompleted/ | Major Course of Study |
|                           |               |                         | Atten         | nded        | Graduate?         | Degree Re         |           |                       |
| High Scho                 | ool           |                         | From          | To          |                   |                   |           |                       |
| -                         |               |                         |               |             |                   |                   |           |                       |
| College                   |               |                         |               |             |                   |                   |           |                       |
| Graduate                  | School        |                         |               |             |                   |                   |           |                       |
|                           |               |                         |               |             |                   |                   |           |                       |
| Any other                 | education     | nal, vocational or trac | de school tr  | raining?    | ?                 |                   |           |                       |
| ,                         |               | ,                       | -             |             |                   |                   |           |                       |
|                           |               |                         |               |             |                   |                   |           |                       |
| MILITAR)                  | Y SERVIC      | E RECORD                |               |             |                   |                   |           |                       |
|                           |               | erience in the Armed Fo | rces of the U | Inited Sta  | ates or in a Stat | te National Guard | ? Yes     | No                    |
| If yes, Bran              | Rank at D     | ischarge                | scharge       |             |                   | Date of Discharge |           |                       |
| Special/tecl              | hnical traini | ng                      |               |             |                   |                   |           |                       |
| Are you in t              | the reserves  | s? Yes No               | Date          | obligatio   | n ends            |                   |           |                       |
| •                         |               |                         |               | -           |                   |                   |           |                       |
| <b>EMPLOY</b>             |               | FERENCES                |               |             |                   |                   | т         |                       |
| Name                      |               |                         | Address       |             |                   |                   | h         | Phone Number          |
| 1                         |               |                         |               |             |                   |                   |           |                       |
| 2                         |               |                         |               |             |                   |                   |           |                       |
| 3                         |               |                         |               |             |                   |                   |           |                       |

**EMPLOYMENT EXPERIENCE** (List current or most recent job first. List complete work history, use additional sheets if necessary. Account for periods of unemployment.) Employer Dates Work Performed From To Address Job Title Hourly Rate/Salary Starting Final Supervisor Reason for Leaving Dates Work Performed 2 **Employer** From To Address Job Title Hourly Rate/Salary Starting Final Supervisor Reason for Leaving Employer Dates Work Performed 3 From To Address Job Title Hourly Rate/Salary Starting Final Supervisor Reason for Leaving Employer Dates Work Performed 4 From Τo Address Job Title Hourly Rate/Salary Starting Final Supervisor Reason for Leaving Dates Work Performed Employer 5 Τo From Address Job Title Hourly Rate/Salary Starting Final Supervisor Reason for Leaving **ADDITIONAL INFORMATION** Are you 18 years or older? Yes \_\_\_\_\_ No \_\_\_\_ Are you a U.S. citizen? Yes \_\_\_\_\_ No \_\_\_\_ Are you authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_

Have you been previously employed here? Yes \_\_\_\_\_ No \_\_\_\_If yes, department & date(s): \_\_\_\_\_

List any relatives working here and their relationship to you: \_\_\_

| Have you ever been convicted of any violation of law other If yes, where, when and nature of offense(s):  |   |  |
|---|---|--|
| in yes, where, when and haldre of offense(s).   |   |  |
| Do you have a valid driver's license? Yes No  | License No.   | State  |
| Have you had your driver's license suspended or accumulations of offense (s):   | ated more than four points? Yes   | No   |
| ,   |   |  |
| Have you tested positive, or refused a test within the past alcohol test administered by a DOT-covered employer? Ye   |   | ment drug and/or   |
| Can you perform the essential duties of the job in which you  | ou wish to be employed, with or with  |  |
| State any additional information that you feel may be helpf   | iul to us in considering your applica   | tion:  |
|   |   |  |
| AUTHORIZATION AND UNDERSTANDING  Upon the signing of this application, I represent that all of the information complete. I authorize you to verify any of the information concerning my institutions or agencies, and I authorize them to release such information without any obligation to give me written notice of such disclosure. I also prospective or subsequent employers, including disciplinary employments (3)(a) of the Michigan Bullard-Plawecki Act of the release of personnel information to prospective employers by the Village of Blissfield. I hereby such inquiries and disclosures. I agree that any false information in support the period of my employment. | employment or education with the approprian as you require, including my prior discipling authorize you to release any information restrecords. I specifically waive any rights to be file information by prior employers and of the yrelease you and them from any liability who | ate individuals, companies,<br>nary employment record,<br>equested by any of my<br>be notified under Section<br>ne release of personnel file<br>natsoever as a result of any |
| If applying for a position with the Village of Blissfield, I understand I machecks, a review of police and arrest records, and a review of any crimin with children, I understand that I am subject to a background investigation   | nal conviction history. If applying for a position  | on which involves working  |
| I agree that any action or suit against the Village arising out of my emploarising under State or Federal civil rights statutes, must be brought within waive any limitation periods to the contrary. I further agree that if I should Village in which the Village prevails, I will pay to the Village any and all coincluding attorney fees. I further agree that my employment is conditional and drug test are known.   | in 180 days of the event giving rise to the cla<br>d bring any action or claim arising out of my<br>costs incurred by the Village in defense of sa  | aims or be forever barred. In the semployment against the aid claims or actions,   |
| I understand that neither this document nor any offer of employment conterminate the employment relationship, with or without cause, at any time writing directed to me personally and signed by the Village Administrator terms and conditions of employment of the Village as they are from time Village except that which have been acknowledged in writing by the Village   | e, and I further agree that this arrangement r. I agree that I shall be bound by the rules, to time changed, and no additional obligation.  | may only be altered in policies, regulations, and  |
| I further understand that the Michigan Handicappers' Civil Rights Act, Mondand applicants and employees where the accommodation does employees and applicants may request an accommodation of their hand within 182 days of the date the handicapper knows or should know that at the Village will preclude any claim that the employer failed to accommod  | s not impose an undue hardship on the emp<br>dicap by notifying the Village in writing of the<br>an accommodation is needed. Under the Ac   | oloyer. Handicapped e need for accommodation   |
|   |   |  |
| Signature   | <br>Date  |  |

| ADDITIONAL INFORMATION AND/OR EXPLANATIONS         |  |  |  |  |  |
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