

Village of Blissfield

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

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

Position applied for: _____

Date available to start work: _____

PERSONAL (print)

Name: _____ Date of Application: _____
(Last) (First) (Middle)

Address: _____ Home Phone: _____
(Number) (Street)

_____ Cell Phone: _____
(City) (State) (Zip Code)

Email Address: _____

EDUCATION

| | Name/Location | Dates Attended | | Did you Graduate? | Credit Hours Completed/ Degree Received | | Major Course of Study |
|-----------------|---------------|----------------|----|-------------------|--|--|-----------------------|
| | | From | To | | | | |
| High School | | | | | | | |
| College | | | | | | | |
| Graduate School | | | | | | | |

Any other educational, vocational or trade school training? _____

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes _____ No _____

If yes, Branch _____ Rank at Discharge _____ Date of Discharge _____

Special/technical training _____

Are you in the reserves? Yes _____ No _____ Date obligation ends _____

EMPLOYMENT REFERENCES

| Name | Address | 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.)

| | | | | |
|--------------------|-----------|--------------------|-------|----------------|
| 1 | Employer | Dates | | Work Performed |
| | | From | To | |
| | Address | | | |
| | Job Title | Hourly Rate/Salary | | |
| | | Starting | Final | |
| Supervisor | | | | |
| Reason for Leaving | | | | |
| 2 | Employer | Dates | | Work Performed |
| | | From | To | |
| | Address | | | |
| | Job Title | Hourly Rate/Salary | | |
| | | Starting | Final | |
| Supervisor | | | | |
| Reason for Leaving | | | | |
| 3 | Employer | Dates | | Work Performed |
| | | From | To | |
| | Address | | | |
| | Job Title | Hourly Rate/Salary | | |
| | | Starting | Final | |
| Supervisor | | | | |
| Reason for Leaving | | | | |
| 4 | Employer | Dates | | Work Performed |
| | | From | To | |
| | Address | | | |
| | Job Title | Hourly Rate/Salary | | |
| | | Starting | Final | |
| Supervisor | | | | |
| Reason for Leaving | | | | |
| 5 | Employer | Dates | | Work Performed |
| | | From | To | |
| | 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 than traffic offenses? Yes _____ No _____

If yes, where, when and nature 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 accumulated more than four points? Yes _____ No _____

If yes, where, when and nature of offense(s): _____

Have you tested positive, or refused a test within the past two years on any DOT pre-employment drug and/or alcohol test administered by a DOT-covered employer? Yes _____ No _____

Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation? Yes _____ No _____ If no, please explain: _____

State any additional information that you feel may be helpful to us in considering your application:

AUTHORIZATION AND UNDERSTANDING

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 or education 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, including disciplinary employment records. I specifically waive any rights to be notified under Section 6(3)(a) of the Michigan Bullard-Plawecki Act of the release of personnel file information by prior employers and of the release of personnel file information to prospective employers by the Village of Blissfield. I hereby release you and them from any liability whatsoever as a result of any such inquiries 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.

If applying for a position with the Village of Blissfield, I understand I may be subject to a full background investigation, including finger print checks, a review of police and arrest records, and a review of any criminal conviction history. If applying for a position which involves working with children, I understand that I am subject to a background investigation that will include a review of any criminal conviction history.

I agree that any action or suit against the Village 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 action or claim arising out of my employment against the Village in which the Village prevails, I will pay to the Village any and all costs incurred by the Village 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 employment physical and drug test are known.

I understand that neither this document nor any offer of employment constitutes a contract of 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 the Village Administrator. I agree that I shall be bound by the rules, policies, regulations, and terms and conditions of employment of the Village as they are from time to time changed, and no additional obligations can be imposed on the Village except that which have been acknowledged in writing by the Village Administrator.

I further understand that the Michigan Handicappers' Civil Rights Act, MCL 37.1101, et seq, requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer. Handicapped employees and applicants may request an accommodation of their handicap by notifying the Village in writing of the need for accommodation within 182 days of the date the handicapper knows or should know that an accommodation is needed. Under the Act, failure to properly notify the Village will preclude any claim that the employer failed to accommodate the handicapper.

Signature

Date

