



8100 Jackman Road
 Post Office Box H
 Temperance, Michigan 48182-0607
 (734) 847-6791
 FAX: (734) 847-7809

Greg Stewart
Supervisor
 Trudy L. Hershberger
Clerk
 Paul R. Francis
Treasurer
 Lawrence R. O'Dell
 Paul Pirrone
 Rick Steiner
 Nancy Tienvieri
Trustees

Personal Information:

Last name	First name	Middle Initial	Date
Address			Social Security #
City	State	Zip	Driver's License #
Home Phone		Work Phone	

Position Applied For:

Available:

Year-round _____ Summer only—please specify dates

Office Use Only	
If you require any reasonable accommodations to complete this form or any part of the application/selection process, please contact the Personnel Office at (734) 847-6791	Contacted _____ Interviews _____ Comments _____
Revised 01/07	

Education:

High School

College/University

Post-Grad

School Name City, State			
Years Completed			
Diploma/Degree			
Describe Course of Study			
Specialized Training, Skills, Extra-Curricular Activities			

Character References:

Please list three (3) persons not related to you, who have known you for at least six (6) months, and have knowledge of your character, experience and ability.

Name	Occupation
Home Address	Business Address
City, State	City, State
Home Phone	Business Phone

Name	Occupation
Home Address	Business Address
City, State	City, State
Home Phone	Business Phone

Name	Occupation
Home Address	Business Address
City, State	City, State
Home Phone	Business Phone

Employment Experience:

Please start with your present or most recent job first.

Employer	Duties Performed
Address	
City, State, Zip	
Job Title	
Supervisor	
Reason for Leaving	
Dates Employed: From _____ To _____	May we contact this employer for references?
Hourly Rate/Salary: Starting _____ Final _____	Yes _____ No _____

Employer	Duties Performed
Address	
City, State, Zip	
Job Title	
Supervisor	
Reason for Leaving	
Dates Employed: From _____ To _____	May we contact this employer for references?
Hourly Rate/Salary: Starting _____ Final _____	Yes _____ No _____

Employer	Duties Performed
Address	
City, State, Zip	
Job Title	
Supervisor	
Reason for Leaving	
Dates Employed: From _____ To _____	May we contact this employer for references?
Hourly Rate/Salary: Starting _____ Final _____	Yes _____ No _____

Please answer the following questions.

Are you 18 years old or over?	Yes _____	No _____
Are you employed now?	Yes _____	No _____
Are you on layoff, subject to recall?	Yes _____	No _____
Have you been convicted of a felony? If yes, state facts and penalty _____	Yes _____	No _____
Have you been convicted of a misdemeanor? If yes, state facts and penalty _____	Yes _____	No _____
Have you ever been discharged from any position? If yes, state circumstances _____	Yes _____	No _____
Do you have any friends or family who work for the Township of Bedford? If yes, please name them and state relationship. _____	Yes _____	No _____
Is your drivers license valid?	Yes _____	No _____
Are you a Veteran of the U.S. Military Service? If yes, what branch _____ What type of discharge? _____	Yes _____	No _____

CERTIFICATIONS AND RELEASE

I certify that I have read and understand this Employment Application in its entirety, including, the applicant note on page one of this Employment Application and that the answers given by me to the foregoing questions and the statements made by me are complete and truthful. I understand that any false information, omissions, or misrepresentations of fact called for and provided by me in this Employment Application may result in rejection of my Employment Application or immediate discharge from employment at any time during my employment. I authorize the Township, and/or its agents, including consumer-reporting bureaus, to verify any of the information contained in this completed Employment Application, including, but not limited to, my criminal history and my motor vehicle driving records. I authorize all persons, schools, educational institutions, corporations, entities, local units of government, state governmental agencies, federal governmental agencies, and all law enforcement agencies to release any information concerning my personal history, personal background, employment history, driving record history, and criminal history, and hereby release any said persons, educational institutions, schools, corporations, entities, local units of government, state governmental agencies, federal governmental agencies, and law enforcement authorities from any liability for any damage whatsoever for issuing the information which I have authorized to be released hereunder. I hereby agree to execute any and all necessary additional authorizations to provide the above-identified information to the Township in connection with its consideration of this Employment Application. I also understand, acknowledge and agree that the use of illegal drugs are strictly prohibited during any employment I might obtain with the Township. If Township policy requires, either now or in the future, I hereby agree to submit to random drug screening/testing for the express purpose of the detection of the use of illegal drugs both in connection with the processing of this Employment Application and during any employment I might obtain with the Township.

Dated: _____ By: _____

WITNESSETH:

Date: _____

Date: _____