



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

**Paul Pirrone**  
*Supervisor*  
**Trudy L. Hershberger**  
*Clerk*  
**Paul R. Francis**  
*Treasurer*  
**Michelle Bork**  
**TC Clements**  
**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:

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**Available:**

Year-round \_\_\_\_\_ Summer only-please specify dates \_\_\_\_\_

Office Use Only	
<p>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</p>	<p>Contacted _____</p> <p>Interviews _____</p> <p>Comments _____</p>
<p>Revised 11/09</p>	

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? Yes _____ No _____
Hourly Rate/Salary: Starting _____ Final _____	

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

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

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 pen-	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 driver's 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: \_\_\_\_\_