

GERRISH TOWNSHIP  
2997 EAST HIGGINS LAKE DRIVE  
ROSCOMMON, MI 48653

APPLICATION FOR EMPLOYMENT

# GERRISH TOWNSHIP

## EMPLOYMENT APPLICATION

### GENERAL INFORMATION

#### MINIMUM REQUIREMENTS:

- Proof of eligibility to work in the United States at time of hire
- Proof of valid Driver's License
- Minimum age of 18 at time of application
- Successful completion of background check, physical and drug test
- Ability to meet minimum physical requirements (with reasonable accommodations for qualified applicants) as outlined in position job description
- Ability to work in a variety of extreme temperatures and weather conditions
- Capability to be exposed to a variety of surroundings, including homes, odors and hygiene

**DISABILITY ACCOMODATION REQUEST:** I understand that Michigan and/or federal laws require employers to make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. I further understand that disabled employees and applicants may request an accommodation of their disability by notifying the employer in writing of the need for accommodation within 182 days of the date the disabled person knows or should know that an accommodation is needed. Failure to properly notify the employer will preclude any claim that the Employer failed to accommodate the individual with a disability.

**EQUAL OPPORTUNITY:** It is our policy to seek qualified persons and provide equal opportunity for the advancement of employees and to administer all of our policies in a manner that will not discriminate against any person because of race, color, religion, gender, age, marital status, military status, national origin, citizenship status, disability, or status as disabled veteran or veteran of the Vietnam era or any other legally protected status unless it is a bona fide occupational reason necessary to the operation of our business.

**AT WILL EMPLOYMENT:** Gerrish Township is an 'At-Will Employer'. Employment could be terminated at any time by either party, with or without cause.



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II. EDUCATION**

<b>TYPE OF SCHOOL</b>	<b>NAME OF SCHOOL</b>	<b>LOCATION (Complete mailing address)</b>	<b>NUMBER OF YEARS COMPLETED</b>	<b>MAJOR &amp; DEGREE</b>
High School				
College				
Bus. or Trade School				
Professional School				
Additional Schooling				

**PLEASE PROVIDE ANY ADDITIONAL INFORMATION, SUCH AS SPECIAL SKILLS, TRAINING, MANAGEMENT EXPERIENCE, EQUIPMENT OPERATION, CERTIFICATIONS OR QUALIFICATIONS THAT YOU FEEL ARE RELEVANT (IE: COMPUTERS, TYPING, EQUIPMENT DRIVEN):**

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**III. WORK HISTORY**

**LIST ALL PREVIOUS EMPLOYMENT, STARTING WITH YOUR MOST RECENT POSITION AND WORKING BACKWARD TO YOU LEAST RECENT POSITION. IDENTIFY PART TIME JOBS WITH 'PT' AND TEMPORARY JOBS WITH "TEMP". A RESUME MAY BE ATTACHED TO THE APPLICATION PACKET, HOWEVER, THIS SECTION MUST BE COMPLETED FOR YOUR APPLICATION TO BE VALID**

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**APPLICATION FOR EMPLOYMENT**

<b>Name of employer:</b>	<b>Name of last supervisor:</b>	<b>Employment dates:</b> <b>From:</b> <b>To:</b>	<b>Pay or salary</b>
<b>Address:</b>  <b>Phone number:</b>	<b>Eligible for Rehire:</b>	<b>Job Title:</b>	
<b>Reason for leaving (be specific)</b>			
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>			
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**Reason for leaving (be specific)**

**List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.**

<b>HAVE YOU SERVED IN THE UNITED STATES ARMED FORCES?</b>	<b>YES NO</b>
<b>Specialty (ies)/Training:</b> _____	
<b>Branch:</b> _____ <b>Years of Service:</b> _____ <b>Type of Discharge:</b> _____	

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**MAY WE CONTACT YOUR PRESENT EMPLOYER?**

**YES NO**

**IF NOW EMPLOYED, WHY DO YOU DESIRE CHANGE?**

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**HAVE YOU EVER BEEN DISCHARGED OR HAVE YOU RESIGNED FROM A POSITION AFTER BEING INFORMED THAT YOUR EMPLOYER INTENDED TO DISCHARGE YOU?**

**YES NO**

IF YES, WHY?:

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**APPLICANT CERTIFICATION AND RELEASE OF INFORMATION AUTHORIZATION:**  
(PLEASE READ AND SIGN BELOW)

The Township of Gerrish and all subsidiaries are subject to the Michigan Public Records Act 462 of 1996 and Act 267 of 1976. Your application for employment, and other documents concerning you, may be subject to public disclosure under state law.

I certify that all information provided in this application and any attachments is true. I understand that any false statements made herein are sufficient reason for rejection of my application or termination of subsequent employment.

As an applicant for a position with Gerrish Township, I understand that the Township needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. I hereby authorize the Township of Gerrish, or entities it may employ, to investigate all statements made in this application or attachments; to contact any of my former employers, educational institutions, or any other persons or organizations that may have information relevant to my employment to obtain records concerning my past work, character, education or military background; to obtain a 'consumer report' or 'investigative consumer report' as defined by the Fair Credit Reporting Act; to obtain driving records; to obtain any records pertaining to prior felony or misdemeanor convictions or pending felony or misdemeanor charges. I authorize that such contact or investigation may occur at any time before or during employment.

I hereby release you, your organization and all others from liability or damages that may result from furnishing the information to Gerrish Township including liability or damages pursuant to state and federal laws. I hereby authorize you to receive the above reference information as released by any and all necessary entities.

This authorization is valid for a period of ninety (90) days from the date of signature, however, the release provisions survive said ninety (90) day period. Any electronic media or fax copy of this release form will be valid as an original thereof, even though the said electronic media or fax copy does not contain an original writing or signature.

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Any claim or lawsuit relating to my service with Gerrish Township or any of its subsidiaries must be filed no more than six (6) months after the date of termination or employment action that is subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_