



**Charter Township of West Bloomfield**  
**Application for Employment**

Mail to: Personnel Department, West Bloomfield Township  
 4550 Walnut Lake Road, P.O. Box 250130  
 West Bloomfield, MI 48325-0130

**PERSONAL INFORMATION**

Date of Application \_\_\_\_\_

Position Applied for (check box):

Police Officer  
 Cadet  
 Dispatcher

Firefighter

Other (describe) \_\_\_\_\_

Full-Time

Part-Time

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
LAST FIRST MI

Address \_\_\_\_\_ City/St \_\_\_\_\_

Zip Code \_\_\_\_\_ Email Address \_\_\_\_\_

Are you 18 years or older? \_\_\_\_\_

What notice would be required for current employer? \_\_\_\_\_

If you are currently employed, may we inquire of your present employer? \_\_\_\_\_

Referred by: \_\_\_\_\_

Non-citizens: What is your visa or immigration status? \_\_\_\_\_

Military Service / Branch \_\_\_\_\_

Discharge date \_\_\_\_\_ Discharge type \_\_\_\_\_

**Education:**

High School Name \_\_\_\_\_

Graduation (y/n) \_\_\_\_\_ Degree \_\_\_\_\_ GPA \_\_\_\_\_

College or Tech School Name \_\_\_\_\_

Graduation (y/n) \_\_\_\_\_ Degree \_\_\_\_\_ GPA \_\_\_\_\_

Major field of study \_\_\_\_\_ or Credits Earned # \_\_\_\_\_

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**College or Tech School Name** \_\_\_\_\_

**Graduation (y/n)** \_\_\_\_\_ **Degree** \_\_\_\_\_ **GPA** \_\_\_\_\_

**Major field of study** \_\_\_\_\_ **or Credits Earned #** \_\_\_\_\_

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**Driver's License Number** \_\_\_\_\_ **State of Issuance** \_\_\_\_\_

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**Have you ever been convicted of a felony?** \_\_\_\_\_

**If so, when, where, and what was the nature of the offense? (enter in box below)**

**Are there any felony charges pending against you?** \_\_\_\_\_

**If so, please explain. (enter in box below)**

**For POLICE OFFICERS ONLY: Have you ever been arrested?** \_\_\_\_\_

**If so, when, and what were the nature of the charges against you? (enter in box below)**

**List any professional licenses or certifications you are currently hold and date awarded (for example, State of Michigan Police Certification, AEMT, Firefighter 1 and 2, Electrical Journeyman, etc.) Trade/Business List Any Special Skills or Training:**

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**List current and Former Employers**

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**Employer #1**

**From** \_\_\_\_\_ **To** \_\_\_\_\_ **Last Salary** \$ \_\_\_\_\_

**Position Held** \_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

**Name of Current Employer** \_\_\_\_\_

**Address of Employer** \_\_\_\_\_

**City/ State / Zip** \_\_\_\_\_

**Name of Supervisor** \_\_\_\_\_ **Phone #** \_\_\_\_\_

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**Employer #2**

**From** \_\_\_\_\_ **To** \_\_\_\_\_ **Last Salary** \$ \_\_\_\_\_

**Position Held** \_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

**Name of Former Employer** \_\_\_\_\_

**Address of Employer** \_\_\_\_\_

**City/ State / Zip** \_\_\_\_\_

**Name of Supervisor** \_\_\_\_\_ **Phone #** \_\_\_\_\_

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**Employer #3**

**From** \_\_\_\_\_ **To** \_\_\_\_\_ **Last Salary** \$ \_\_\_\_\_

**Position Held** \_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

**Name of Former Employer** \_\_\_\_\_

**Address of Employer** \_\_\_\_\_

**City/ State / Zip** \_\_\_\_\_

**Name of Supervisor** \_\_\_\_\_ **Phone #** \_\_\_\_\_

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Have you ever been dismissed from or asked to resign from any employment position? \_\_\_\_\_

If yes, explain:

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We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. West Bloomfield Township is an Equal Opportunity Employer.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application maybe rejected and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the Township's rules and regulations, and I agree that I do not know of any health or personal condition that would prevent me from carrying out the duties of the position with or without reasonable accommodations.

I hereby authorize the Township of West Bloomfield (hereinafter called the "Employer"), to contact all my former and current employers, educational institutions and the other references I have provided regarding me and my performance record and work, academic and/or military experience. I also hereby release the employer and its employees and agents, and all my former and current employers, educational institutions, and the other references I have provided, from any and all liability and damages for releasing or using information concerning me and performance record and work, academic and/or military experience. I also hereby waive any right under the Bullard-Plawecki Right to Know Act, 1978 PA 397, to receive written notice from the Employer or any former or current employer, that disciplinary reports, letters of reprimand, or other disciplinary action taken against me while employed, will be or have been disclosed to a third person or entity.

I also understand that the Employer may, in its sole discretion, conduct or have conducted by an individual or entity of its choice, a criminal background history search on me. I hereby consent to this search being conducted and to the disclosure of the results of that search by the individual or entity conducting the search to the Employer. I further hereby release the individual or entity conducting the search, the Employer, and its employees and agents, from any and all liability, claims and damages, including but not limited to, claims for releasing or using the information revealed as a result of this search. I also understand and acknowledge that false information provided by me or criminal arrests or convictions will result in disqualification from employment with the Employer or in dismissal from employment if an offer of employment has been made and accepted. Subject to the terms of any collective bargaining agreement applicable to me, I agree not to commence any action or suit relating to my employment with the Employer more than twelve (12) months after the occurrence of the facts giving rise to the clam, or more than twelve (12) months of the date of my termination of such employment, whichever is earlier, and to waive any statute of limitations to the contrary.

I hereby consent to having a physical and/or psychological examination and/or tests(s), including but not limited to drug and /or alcohol testing, conducted by a physician or other professional of the Employer's choice, and understand that any offer of employment is conditioned upon the results of this examination(s) and/or test(s).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**This entire application must be completed even if a resume is attached. Failure to do so may disqualify the applicant from further consideration. Applicants are invited to submit resumes or other pertinent information in written form.**  
(revised 6/12/06)

## PROFESSIONAL/JOB REFERENCE

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

Home #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work #: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

City: \_\_\_\_\_

State and Zip: \_\_\_\_\_

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

Home #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work #: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

City: \_\_\_\_\_

State and Zip: \_\_\_\_\_

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

Home #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work #: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

City: \_\_\_\_\_

State and Zip: \_\_\_\_\_