



Charter Township of West Bloomfield Application for Employment

Mail to: Human Resources Department, West Bloomfield Township
4550 Walnut Lake Road
West Bloomfield, MI 48323
Fax: (248) 451-4875

PERSONAL INFORMATION

Date of Application _____
Please PRINT

Position Applied for (check box):

Police Officer [] Firefighter []
Police Service Aide []
Dispatcher [] Other (describe) _____

Full-Time [] Part-Time []

Name _____
LAST FIRST MIDDLE NAME

Social Security # (when requested) _____

Address _____

City/St _____

Zip Code _____ Phone # _____ Email _____

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 #** _____

Driver's License Number _____ **State of Issuance** _____

Have you ever been convicted of a felony? _____

If so, when, where, and what was the nature of the offense?

Are there any felony charges pending against you? _____

If so, please explain

For POLICE DEPARTMENT EMPLOYEES:

Have you ever been arrested? _____

If so, when, and what were the nature of the charges against you?

For POLICE DEPARTMENT EMPLOYEES:

Please list all names ever used.

List any professional licenses or certifications you currently hold and date awarded (for example, State of Michigan Police Certification, AEMT, Firefighter 1 and 2, Electrical Journeyman, etc.).

List any special skills or training:

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List current and Former Employers

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 status, sexual orientation 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 (Print and sign, or click field to sign with Digital ID)

Note: If Signature field prompts you to create a new Digital ID: Choose to create a new Digital ID, and save the ID to a file on your computer.

****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 10/22/15)

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: _____