EMPLOYMENT APPLICATION Beaver Creek Township Position applying for: ___

EMPLOYEE INFORMATION

Name:						
Last Telephone:	First Email:		Middle Alternate telephone:			
Address:						
Are you able to perform the essential functions of the position with or without accommodations? Yes No If necessary for the job are you older than: 14 15 16 (Check one)		If necessary for the jow Work overtime? Provide a valid No If so, fill out the fo Type:	Michigan Driver's License?	□ Yes □ No □ Yes □ No		
□ 18 □ 19 □ 21		Endorsement(s):	☐ Hazardous Material ☐	Passengers		
I am legally eligible for employment in the U.S.?		☐ Tankers ☐ Tank with Hazardous Materials				
☐ Yes ☐ No I am seeking a permanent position: ☐ Yes ☐ No I will be able to report to work days after being notified I am hired.		☐ School Bus ☐ Double/Triple trailers Work the following shifts: (check all that apply)				
		🗆 Any 🗅 Day 🗅 Night 🗅 Swing 🗅 Rotating				
		☐ Split ☐ Graveyard Other:				
	EM	PLOYEE HISTORY				
List most recent employment first here, in the summary following the	his section or on an extra	a sheet of paper if necessary	experience or employers relate No more than 10 years histor	ed to this job are listed y recommended.		
Employer name and address:	Position title/duties,	skills:	Start date	e: End date:		
			Reason fo	or leaving:		
Pay: \$	_					
Per:	Supervisor:	Telephone:				
Employer name and address:	Position title/duties,		Start date	e: End date:		
	-		Reason fo	or leaving:		
Pay: \$						
Per:	Supervisor:	Telephone:				
Employer name and address:	Position title/duties,	skills:	Start date	e: End date:		
			Reason fo	or leaving:		
Pay: \$	_					
Per:	Supervisor:	Telephone:				
Employer name and address:	Position title/duties,		Start date	e: End date:		
			Reason fo	or leaving:		
Pay:	_					
Per:	Supervisor:	Telephone:	4144			
		. 0.000				

Summarize other employment related to this job:

EDUCATION						
	Institution name	Years completed	Field of stud	iy	Graduate or degree	
High school						
College/university Business/technical						
Additional						
		Miii i	TARY			
Are you a veteran? Duty/specialized training: SKILLS & QUALIFICATIONS						
Other qualifications such as special skills, abilities or honors that should be considered:						
Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional						
Types of computers, so	ftware, and other equipme	ent you are qua	lified to operate or re	epair:		
Professional licenses, certifications or registrations:						
Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:						
Typing speed:	per minute					
REFERENCES List two personal references who are not relatives or former supervisors.						
Name	Address	Tele	ephone	Occupation	Years known	
Name	Address	Tele	ephone	Occupation	Years known	
		CON	TACT			
In case of accident or ill Address:	ness, please contact: Name	e:		Daytime ph Relation	none: onship:	
INFORMATION TO THE APPLICANT						
As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references. If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.						
Signature of Applicant			AND	Date		
				-		

and failure to provide it will have no affect on your application for employment.

APPENDIX D

JOB APPLICANT'S RELEASE AND WAIVER OF DRIVING RECORD

l,	having applied for a job with Beaver Creek Fire
Department do hereby authorize the Secretary of Beaver Creek Fire Department, Crawford County possession of his/her offices.	of State, State of Michigan, to release and forward to the figure in the
officers, directors, employees, agents, successors demands and causes of action whatsoever, include defamation of character, claims of invasion of prinformation, information that may lead to my wrwnongful discharge, and employment discrimination.	d forever discharge the named Secretary of State, his/her s, representatives and assigns from any and all liability, claims, ding but not limited to, claims of personal injury, harm ivacy, unauthorized release of personal records and rongfully being denied employment, or if employed, my tion including age discrimination, arising directly or indirectly on to said entity, and of his/her their having provided such to
Applicant's Driver's License Number	State Where Issued
Signature of Job Applicant	Date:
Witnessed By:	
	Date:
(DO NO	T WRITE BELOW LINE)
() Record Clear () Other	
Verified By:	Date:
Original – Personnel File	

Copy - Applicant

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