BIRCH RUN TOWNSHIP

APPLICATION FOR EMPLOYMENT

PLEASE FILL OUT ALL PORTIONS COMPLETELY AND ACCURATELY. IN ACCORDANCE WITH STATE AND FEDERAL LAWS, BIRCH RUN TOWNSHIP DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, RELIGION, COLOR, SEX, HEIGHT, WEIGHT, NATIONAL ORIGIN, MARITAL OR VETERAN STATUS, PHYSICAL OR MENTAL HANDICAP, OR ANY OTHER LEGALLY PROTECTED STATUS.

(PLEASE PRINT CLEARLY)

I. Name:				
(Last)	(First)	()	Aiddle)	
2. Present Address:(Street)	(City)	(5	State)	(Zip Code)
3. Home Telephone Number: ()	-	4. Alternate Telenh	one Number: ()	•
5. Driver's License Number:			18 years of age? Yes	
7. Do you have the legal right to work and (Proof will be required, if hired)	d remain in the U.S.? Y	es 🗆 No 🗀 8. Which p	position(s) do you see	k?
9. Are you seeking a full-time position? Y	Yes□ No□	10. What rate of pa	y do you require?	
11. Have you ever submitted an application	on to us, or previously be	en employed with us? Ye	es □ No □ If yes, w	hen?
12. Do you have any relatives or close fri	ends working here? Yes	□ No □ If yes, who?		
13. If the job you seek requires overtime (Reasonable accommodations cal	work, or week-ends or ho n be made in appropriate	olidays, are you willing to circumstances)	work such a schedule	e? Yes □ No □
14. Have you ever been convicted of a fel	lony? Yes □ No □ If y	es, provide details, inclu	ding dates:	
15. Has your driver's license ever been re	evoked or suspended? Ye	es 🗆 No 🗆 If yes, wher	ı, why?	
16. What professional licenses do you ho	ld that relate to the job yo	ou seek?		
17. What specialized education, skills, or				
	RECORD O	F EDUCATION		
HIGH SCHOOL (Name and Location)		Major Subject	No. of Years	Diploma or GED
UNIVERSITY or COLLEGE		Major Subject	No. of Years	Degree
OTHER - (Military Service, Trade, Busine	ess, Graduate School)	Major Subject	No. of Years	Degree

WORK EXPERIENCE (Start with present or most recent employer first)

1. Name and Address of Employer: _		Dates Employed (Month/Year): _	to
Position Held:	Duties:	Supervisor's Name:	
Salary or Wage Rate:	Rea	ason for Separation:	
2. Name and Address of Employer: _		Dates Employed (Month/Year):	to
Position Held:	Duties:	Supervisor's Name:	
Salary or Wage Rate:	Rea	ason for Separation:	
3. Name and Address of Employer: _		Dates Employed (Month/Year): _	to
Position Held:	Duties:	Supervisor's Name:	
Salary or Wage Rate:		Reason for Separation:	
4. Name and Address of Employer: _		Dates Employed (Month/Year): _	to
Position Held:	Duties:	Supervisor's Name:	
Salary or Wage Rate:			
Name of Reference	Address	Telephone	Relationship
2.			
3.			
	ammary of the reas	NARRATIVE ons you have sought employment with us)	
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<u>AUTHORIZATIONS AND ACKNOWLEDGMENTS</u>

I certify that the information contained in this application (and resume, if applicable) is true and complete. I understand that falsification or omission of relevant facts in my application, resume, other materials provided, during my interview, or during my employment, if hired, in any detail, is grounds for disqualification from further consideration or for discipline or dismissal from employment in accordance with the Township's policy. I agree to conform to the rules and regulations of the Township, and understand that my employment relationship with Birch Run Township is "at-will" and that I or the Township may terminate my employment with or without cause, and with or without notice, at any time. I further understand that no Township agent or representative has any authority to enter into a contract of employment with me except as specifically authorized by the Township Board, and that any such agreement must be in writing and signed by the Township Supervisor and Clerk.

I acknowledge that any offer of employment I may receive from the Township is contingent on the results of a reference and background check. Therefore, I authorize the Township to: (1) investigate the truthfulness of all statements made on this application, or my resume; (2) contact my former employers and other listed references or any other persons who can verify information (including law enforcement agencies); and (3) discuss results of any investigation with other employees of the Township involved in the hiring process. In addition, I give my consent for all contacted persons, including former employers, to provide information concerning this application and I release each such person from liability for providing information to the Township. I waive any written notice for the release of such information which may be required under state or federal law.

I hereby give my consent for the Township through an authorized agent to collect my urine, saliva, blood, or hair samples for the purposes of testing for the presence, and my use of, alcohol, drugs, or other controlled substances. I hereby release the Township and its authorized collection/testing agent from any liability whatsoever, including attorneys' fees, from any liability resulting from the collection or testing process or from the tests results. I further understand that should I receive an offer of employment, it may be conditioned upon my undergoing and successfully passing a medical examination. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug test, or medical examination at any time at the discretion of the Township within applicable laws and constitutional provisions. I hereby consent to having the results of any such alcohol or drug test or medical examination disclosed to the Township. I also acknowledge that any offer of employment that I receive is contingent upon the results of my medical examination finding me able to perform the essential functions of the job offered with or without accommodation. I understand that a positive drug test result, a refusal to submit a requested sample for testing, or a refusal to authorize such testing may result in the company withdrawing any offer of employment made to me, or result in my immediate discipline or dismissal.

Should I have a legally protected physical or mental disability that affects my ability to perform the job that I seek, I understand that I may request that the Township provide a reasonable accommodation. I am aware that I must make any such request for accommodation as soon as the need is known, but no later than 182 days after the date that I know, or reasonably should have known, of my need for an accommodation. I also understand that this time limit is required under state law, but not federal law.

I agree in consideration of my employment with the Township to waive any rights I have to a jury trial in any court action arising between me and the Township, whether under these policies or otherwise related to my employment with Birch Run Township and whether made by claim, counterclaim, third-party claim or otherwise.

I understand and agree that, as a condition of employment, I agree not to commence any action, claim or suit relating to my employment with Birch Run Township more than 182 calendar days after the date I knew or should have known that the claim existed unless the applicable law requires that claims be filed in less time in which the applicable time limit for filing shall be as provided by law.

Dated:	Applicant's Signature:
	Applicant's Name (printed):