



LAKE CHARTER TOWNSHIP
Employment Application

An Equal Opportunity Employer

APPLICANT INFORMATION									
Last Name			First			M.I.			
Street Address					Apartment/Unit #				
City				State		ZIP			
Phone			Emergency Contact/relation/number:						
Email:			Date Available:		Desired Salary				
Position Applied for									
Are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, when?					
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
Any felony charges pending against you?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
EDUCATION									
High School			Address						
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College			Address						
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other			Address						
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			

REFERENCES			
<i>Please list three professional references.</i>			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

CURRENT AND PREVIOUS EMPLOYMENT – Please attach resume to supplement			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your current supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
MILITARY SERVICE			
Branch		From	To
Rank at Discharge		Type of Discharge	

If other than honorable, explain

ADDITIONAL INFORMATION

Have you previously applied for employment with the Township? YES NO

If so, identify the position: _____

When: _____ Under what name? _____

Please provide any additional information about your skills, training, experience or other qualifications you would like us to know:

APPLICANT'S ACKNOWLEDGMENT

I certify that all information provided on this application (and any accompanying resume) is true and complete to the best of my knowledge. I understand that any false statements, misrepresentations, or omissions - verbal or written - made during this application process may result in my disqualification from further consideration for a employment, or result in the termination of my employment, even if discovered at a later date.

1. I certify that all information provided on this application (and any accompanying resume) is true and complete to the best of my knowledge. I understand that any false statements, misrepresentations, or omissions - verbal or written - made during this application process may result in my disqualification from further consideration for employment, or result in the termination of my employment, even if discovered at a later date.
2. I authorize the Township to verify all statements contained in this application and any attached resume, and to contact all references, employers/volunteer organizations, law enforcement agencies, or any other persons or agencies having information relative to such statement. I authorize a thorough investigation of all statements made in this application and any attached resume, including the release of discipline and attendance letters from my personnel or employment record at any prior organization where I have been employed or worked. I authorize any person or entity requested to supply such information and waive any right to notice of such disclosure.
3. I agree to conform to Township policies and regulations if employed. I understand and agree that if the Township employs me, the Township or I can end my employment at any time with or without notice for any or no reason. No Township representative, except its Board of Trustees, has the power or authority to enter into any employment arrangement to the contrary. In addition, no Township practice or policy shall be construed to constitute a right or contract to continue my employment.
4. To the extent permitted by state and federal law, I agree to take any medical examination which the Township deems necessary at any time, including testing for drug use. I consent to the release to the Township of any and all medical information as may be deemed necessary by the Township to evaluate me to perform the employment position I seek or to continue my employment with the Township.
5. If I have a disability that affects my ability to apply for or perform the essential functions of the employment position I seek, I may ask the Township to provide reasonable accommodations to allow me to apply for and perform the employment position essential functions. I understand I must make a timely request for any such accommodations to the Township's Human Resource office.
6. I understand and agree that any claim arising out of my employment application and subsequent employment with the Township must be made within 180 days of the event giving rise to the claim, or within the time period provided by law if that time period is less than 180 days. I waive any right to any longer statute of limitations that may exist under state or federal law.

I certify that I have read, understand, and agree with the Acknowledgment Items (1-6). In the event that an employment opportunity is offered and accepted, I understand that I will be required to adhere to all of the Township policies and procedures.

Signature _____ Date _____