The Charter Township of Blackman is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected category.

YOU MUST ANSWER ALL QUESTIONS COMPLETELY AND TRUTHFULLY. FAILURE TO DO SO WILL RESULT IN REJECTION OF YOUR APPLICATION (YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT), OR, IF NOT DISCOVERED UNTIL A LATER DATE, MAY RESULT IN DISCIPLINE OR DISCHARGE FROM EMPLOYMENT

**Position Applied for**: Choose an item.

**Name**: Last Name First Name Middle Name

Last First Middle

**Address**: Click or tap here to enter text.

Street, City, State, ZIP

**Primary Phone**: Phone Number **Primary Phone Type**: Choose One

**Email:** Click or tap here to enter text.

**If you are applying for a position for which driving is a job requirement, do you presently have a valid Michigan driver's license?**  YES  NO **License Number**: Format *(A-000-000-000-000).* **License Type**: Choose an item.

*\*\*Note\*\* A license check will be conducted for applicants for positions requiring a current driver's license*

**Are you a relative by birth or marriage to any Charter Township of Blackman elected official or full-time employee?**

**YES  NO**

**Are you over the age of 18?  YES  NO**

**Are you currently working?  YES  NO**

**Are you on lay-off?  YES  NO**

**If yes, are you subject to recall?  YES  NO**

**Will you submit to a drug screening test?  YES  NO**

**Have you ever been employed by the Charter Township of Blackman?  YES  NO**

**If YES:** Position **Start Date:** Click or tap to enter a date. **End Date:** Click or tap to enter a date.

**Are you a US Citizen?  YES  NO**

**Have you ever been convicted of a felony?  YES  NO**

**Have you ever been convicted of a misdemeanor?  YES  NO**

**If YES, completely describe including location and date.** Click or tap here to enter text.

*\*\*NOTE\*\* A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation, and rehabilitation will be considered.*

**Are you MCOLES Certified of Certifiable?  YES  NO**

**If certified, MCOLES Number:** MCOLES Number

**Are you a certified Firefighter I and II, or equivalent?  YES  NO**

**Are you a licensed MFR, EMT, or Paramedic?  YES  NO**

**If YES, what is your certification?** Choose an item.

**EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **High School** | **Vocational/Technical** | **College** | **Graduate School** |
| **School Name,**  **City / State** | Name  Click or tap here to enter text. | Name  Click or tap here to enter text. | Name  Click or tap here to enter text. | Name  Click or tap here to enter text. |
| **Did you graduate?**  **If not, number of credit hours completed** | **YES NO**  Hours | **YES NO**  Hours | **YES NO**  Hours | **YES NO**  Hours |
| **Degree / Certificate** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Major / Minor** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Describe any specialized training, apprenticeships, internships, skills, licenses, certificates, and extra-curricular activities that pertain to the position(s) for which you are applying.**

Click or tap here to enter text.

**List professional, trade, business group memberships and offices held and volunteer work excluding groups the name and character of which indicate race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected class:**

Click or tap here to enter text.

**MILITARY SERVICE RECORD**

**Have you had any experience in the Armed Forces of the United States of America or in a State National Guard that is directly related to the position for which you are applying? YES NO**

**If yes, what branch?** Click or tap here to enter text. **Rank at Discharge:** Click or tap here to enter text.

**Date of Discharge:** Click or tap to enter a date. **Were you honorably discharged? YES NO**

*\*\*NOTE\*\* A dishonorable discharge from the military will not necessarily be a bar to employment*

**EMPLOYMENT HISTORY**

List each job held withing the last 20 years. Start with your present or last job first. \*\*NOTE\*\* If more space is needed, copy this page first.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer or Business name: Click or tap here to enter text.

Address & Telephone Number: Click or tap here to enter text.

Job Title: Click or tap here to enter text.

Supervisor: Click or tap here to enter text.

Work Performed: Click or tap here to enter text.

Dates Employed: Click or tap to enter a date. To Click or tap to enter a date.

Reason(s) for Leaving: Click or tap here to enter text.

Employer or Business name: Click or tap here to enter text.

Address & Telephone Number: Click or tap here to enter text.

Job Title: Click or tap here to enter text.

Supervisor: Click or tap here to enter text.

Work Performed: Click or tap here to enter text.

Dates Employed: Click or tap to enter a date. To Click or tap to enter a date.

Reason(s) for Leaving: Click or tap here to enter text.

Employer or Business name: Click or tap here to enter text.

Address & Telephone Number: Click or tap here to enter text.

Job Title: Click or tap here to enter text.

Supervisor: Click or tap here to enter text.

Work Performed: Click or tap here to enter text.

Dates Employed: Click or tap to enter a date. To Click or tap to enter a date.

Reason(s) for Leaving: Click or tap here to enter text.

Employer or Business name: Click or tap here to enter text.

Address & Telephone Number: Click or tap here to enter text.

Job Title: Click or tap here to enter text.

Supervisor: Click or tap here to enter text.

Work Performed: Click or tap here to enter text.

Dates Employed: Click or tap to enter a date. To Click or tap to enter a date.

Reason(s) for Leaving: Click or tap here to enter text.

Employer or Business name: Click or tap here to enter text.

Address & Telephone Number: Click or tap here to enter text.

Job Title: Click or tap here to enter text.

Supervisor: Click or tap here to enter text.

Work Performed: Click or tap here to enter text.

Dates Employed: Click or tap to enter a date. To Click or tap to enter a date.

Reason(s) for Leaving: Click or tap here to enter text.

**WAIVERS AND ACKNOWLEDGMENTS**

\*\*Please read carefully\*\*

1. I authorize the references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and any pertinent information they may have, including disclosure of any disciplinary reports (even if more than four years old), and release all parties from any liability for any damages that may result from furnishing same to you. I further authorize you to release such information when such information may be requested by any prospective or subsequent employers without the need to provide me with any notice of such disclosure.
2. I understand that the use of this application does not indicate that there are positions available, nor does it imply or create an employment contract. I understand that the only employment contracts are those specifically authorized by Blackman Township management that have been reduced to writing and have been executed by both the employee and an authorized representative of Blackman Township. Accordingly, I understand that no employment contract, either expressed or implied, for any period, is created hereby should Blackman Township hire me.
3. I understand that any employment offer is conditional upon the result of the drug screening test, post offer pre-employment medical examination, and background investigation (when applicable based on the position sought).
4. I understand that if I have a physical, mental, or other impairment that would interfere with my ability to perform in a position but that may be accommodated by, for instance, the purchase of equipment or devices, the provision of readers or interpreters, or the restructuring or altering of work schedules, the Michigan Persons With Disabilities Civil Rights Act requires me to notify the Employer's Personnel Department in writing of need for accommodation within 182 days after I knew or should reasonably have known that the accommodation was needed.

5. I agree that any lawsuit against Blackman Township arising out of my employment or termination of employment, including but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within six months of the event giving rise to claims or be forever barred. I waive any limitations period to the contrary. For circumstances in which the statutory period of limitations is less than six months, the statutory limit will apply.

I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS OF EACH OF THE ABOVE SIX (6) INDIVIDUAL STATEMENTS, AS INDICATED ABOVE.

Signature: Date: Click or tap to enter a date.

Submission Instructions

After completing application, please sign (either electronically or print/sign/scan)

E-mail completed application to : <recruiter@blackmantwp.com>

Please include a Resumé and Cover letter