



TOWNSHIP of BURT
ALGER COUNTY
P.O. BOX 430
GRAND MARAIS, MI 49839-0430
906-494-2381
Fax: 906-494-2627
www.burrtownship.com

Job Application

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

PERSONAL INFORMATION			
Name			
	First	Middle	Last
Address			
City, State, Zip			
Phone Number			
Drivers License (Required)			
	State	Number	(Attach copy) Expiration Date
Citizenship			
	If other than U. S. – do you have a work visa <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you over age 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth if under 18: ____/____/____	
	If not, do you have an employment/age certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Have you ever been convicted of or pleaded no contest to a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, please explain:		
POSITION/AVAILABILITY			
Position Applied For			
	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Seasonal
	What date are you available to start work?		
EDUCATION			
Name and Address Of School - Degree/Diploma - Graduation Date			
Skills and Qualifications: Licenses, Skills, Training, Awards			
OTHER INFORMATION			
Have you ever been employed by Burt Township? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, When?		What Position?	
Do you have any relatives, including in-laws, currently employed by Burt Township? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, Who?			
MILITARY SERVICE and STATUS			
Branch of Service:			
Military Occupation:			
Date of Entry:			
Date of Separation:		Rank:	

EMPLOYMENT HISTORY

EMPLOYMENT HISTORY	
Present Or Last Position	
Employer:	
Address	
Supervisor	
Phone	
Email	
Position Title	
Responsibilities	
Salary	
Dates of Employment	From: _____ To: _____
Reason for Leaving	
Previous Position:	
Employer:	
Address	
Supervisor	
Phone	
Email	
Position Title	
Responsibilities	
Salary	
Dates of Employment	From: _____ To: _____
Reason for Leaving	
May We Contact Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
References: Name/Title Address Phone	

Background Investigations

Driver Record: The Township Clerk shall take a photo copy of the employee’s valid **driver’s license** and submit it to the Michigan Department of State for Driver License review through the Subscription Service program. A report of the findings will be made available to the Township Board.

Criminal Investigation: The Township Clerk shall submit a prospective employee’s information for investigation through the Michigan State Police ICHAT on-line program. A report of the findings will be made available to the Township Board.

I hereby certify that information contained in this application is true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature:

Date: