

TOWNSHIP of BURT

ALGER COUNTY

P.O. BOX 430 GRAND MARAIS, MI 49839-0430 906-494-2381 Fax: 906-494-2627 www.burttownship.com

Job Application

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

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	PERSON	AL INFORMATIO	N		
Name					
	First	Middle	Last		
Address					
City, State, Zip					
Phone # &Email					
Drivers License					
(Required)	State Number	(Attach copy)	Expiration Date		
Citizenship					
	If other than U. S. – do you have a work visa \Box Yes \Box No				
Are you over age 18?	□ Yes □ No	Date of Birth if u	nder 18:/		
If not, do you have an	employment/age cert	ificate? □ Yes □ No			
Have you ever been co	nvicted of or pleaded	no contest to a felony?	□ Yes □ No		
If yes, please explain:	•				
POSITION/AVAILABILITY					
Position Applied For					
	☐ Full time	☐ Part time	☐ Seasonal		
What date are you avai	lable to start work?				
		EDUCATION			
Name and Address Of					
	<u> </u>				
Skills and Qualification	ns: Licenses, Skills, T	raining, Awards			
		<u> </u>			
	OTHE	R INFORMATION			
Have you ever been en	nployed by Burt Town	ship? Yes No			
If yes, When?	<u> </u>	Position?			
Do you have any relati	ves, including in-laws	, currently employed by	Burt Township? ☐ Yes ☐ No		
If yes, Who?	<u> </u>	<u>,</u>	F		
	MILITARY	SERVICE and STA	TUS		
Branch of Service:					
Military Occupation:					
Date of Entry:					
Date of Separation:		Rank:			

Present Or Last Position Employer: Address Supervisor Phone Email Position Title Responsibilities Salary Dates of Employment From: To: Previous Position: Employer: Address Supervisor Previous Position: Employer: Address Supervisor Phone Email Position Title Responsibilities Salary Dates of Employment From: To: Previous Position: Employer: Address Supervisor Phone Email Position Title Responsibilities Salary Dates of Employment From: To: To: Reason for Leaving May We Contact Your Present Employer? Yes No References: Name/Title Address Phone Background Investigations 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 CHAT on-fine 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 CHAT on-fine 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 CHAT on-fine 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:		EMPLOYMENT HISTORY			
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Email Position Title Responsibilities Salary Dates of Employment From:	Supervisor				
Position Title Responsibilities Salary Dates of Employment From:	Phone				
Responsibilities Salary Dates of Employment From: To:	Email				
Salary Dates of Employment From: To:	Position Title				
Dates of Employment From: To:	Responsibilities				
Reason for Leaving Previous Position: Employer: Address Supervisor Phone Email Position Title Responsibilities Salary Dates of Employment From:	Salary				
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