



Charter Township of Brandon

395 Mill St. PO Box 929
Ortonville, MI 48462
(248) 627-2851
Brandontownship.us

APPLICATION FOR EMPLOYMENT

Brandon Township is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.

PERSONAL INFORMATION

DATE OF APPLICATION: _____

Name: _____

Last

First

Middle

Address: _____

Street

(Apt)

City, State

Zip

Alternate Address: _____

Street

City, State

Zip

Contact Information: () ()

Home Telephone

Mobile

Email

How did you learn about our company? _____

POSITION SOUGHT: _____

Available Start Date: _____

Desired Pay Range: _____
By Hour or Salary

Are you currently employed? _____

Are you 18 years or older? Yes _____ No _____

Are there any hours or days of the week you cannot work? _____

If so, when? _____

Do you have US Military experience? _____ Date Entered _____

Branch _____ Rank _____ Date Discharged _____ Honorably? _____

Are you lawfully entitled to be employed in the United States? _____

Have you ever been convicted of a crime except a minor traffic violation? _____
(The response to this question will be considered in the context of its job-relatedness only.)

If so, please state citation, date and place where offence occurred. _____

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PREVIOUS EXPERIENCE

Please list beginning from most recent

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

May We Contact Your Present and Past Employers?

Yes _____ No _____

If not, which one(s)? _____

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EDUCATION

	Name and Location	Graduate? – Degree?	Major / Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc...			
Other Education			

Please list your areas of highest proficiency, special skills or other qualifications that may contribute to your abilities in performing the above mentioned position.

References: Three individuals not related to you, whom you have known for at least one year:

Name/Title/Address/Phone

I understand that, prior to being offered employment; I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Township prior to the administration of the test so that a reasonable accommodation can be made. The Township reserves the right to require medical documentation regarding the need for accommodation.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages, be terminated with or without cause, at any time, with or without notice.

I certify that information contained in this application is true and complete. 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 unless specifically noted on this application.

Signature _____

Date _____