



**"WHERE NATURE SMILES FOR SEVEN MILES"**  
101 South Buchanan, Spring Lake, Michigan 49456  
Phone: (616) 842-1340  
Fax: (616) 842-1546

**APPLICATION FOR EMPLOYMENT**  
(PRE-EMPLOYMENT QUESTIONNAIRE - AN EQUAL OPPORTUNITY EMPLOYER)

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**PERSONAL INFORMATION**

DATE \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE WHERE WE MAY CONTACT YOU \_\_\_\_\_  
HOME CELL OTHER

EMAIL ADDRESS \_\_\_\_\_

ARE YOU A CITIZEN OF THE U.S.? YES  NO

ARE YOU 18 YEARS OR OLDER? YES  NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES  NO

IF SO, PLEASE EXPLAIN \_\_\_\_\_

DO YOU HAVE ANY FELONY CHARGES CURRENTLY PENDING? YES  NO

IF SO, PLEASE EXPLAIN \_\_\_\_\_

HAVE YOU EVER BEEN LISTED ON THE SEX OFFENDER REGISTRY? YES  NO

DO YOU USE ANY TOBACCO PRODUCTS? YES  NO  IF SO, HOW OFTEN? \_\_\_\_\_

I UNDERSTAND AND AGREE THAT THE EMPLOYER MAY DETERMINE TO CONDUCT A CRIMINAL CONVICTION RECORD CHECK (INCLUDING, BUT NOT LIMITED TO, A DRIVING CONVICTION RECORD CHECK) IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT. I HEREBY CONSENT TO SUCH RECORD CHECKS AND AUTHORIZE THE RELEASE OF SUCH RECORDS.

YES  NO

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**EMPLOYMENT DESIRED**

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

EVER APPLIED AT SPRING LAKE TOWNSHIP? YES  NO  WHEN? \_\_\_\_\_

REFERRED BY \_\_\_\_\_

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EDUCATION	NAME/LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS				
CORRESPONDENCE SCHOOL				

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

SPECIAL SKILLS \_\_\_\_\_

ACTIVITIES (CIVIC, ATHLETIC, etc.) (Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members)

U.S. MILITARY SERVICE DATES \_\_\_\_\_ RANK \_\_\_\_\_

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES? YES  NO

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH CURRENT/LAST EMPLOYER FIRST)

DATE MONTH & YEAR	NAME/ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

▶ MAY SPRING LAKE TOWNSHIP CONTACT THESE EMPLOYERS? YES  NO

WHICH OF THESE JOBS DID YOU LIKE BEST? \_\_\_\_\_

WHAT DID YOU LIKE MOST ABOUT THIS JOB? \_\_\_\_\_

**REFERENCES: GIVE NAMES OF THREE PERSONS NOT RELATED TO YOU (WHOM YOU HAVE KNOWN AT LEAST 1 YEAR)**

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

**SIGNATURE OF APPLICANT** \_\_\_\_\_

**AS PART OF MY EMPLOYMENT APPLICATION FILED WITH SPRING LAKE TOWNSHIP, DATED \_\_\_\_\_, 20\_\_\_\_, I HAVE LISTED MY FORMER AND/OR CURRENT EMPLOYERS, AS WELL AS ONE OR MORE ADDITIONAL REFERENCES. I AUTHORIZE EACH FORMER OR CURRENT EMPLOYER AND EACH ADDITIONAL REFERENCE TO COMMUNICATE DIRECTLY WITH SPRING LAKE TOWNSHIP RELATIVE TO MY EMPLOYMENT RECORD AND ANY OTHER RELEVANT INFORMATION WHICH WOULD OR COULD HAVE A BEARING ON MY ABILITY OR INABILITY TO ADEQUATELY PERFORM FOR SPRING LAKE TOWNSHIP THE JOB FOR WHICH I HAVE APPLIED. I SPECIFICALLY WAIVE ANY RIGHT I HAVE UNDER SECTION 6 OF MICHIGAN PUBLIC ACT 397 OF 1978, AS NOW OR SUBSEQUENTLY AMENDED (THE "BULLARD-PLAWECKI EMPLOYEE RIGHT TO KNOW ACT"), TO RECEIVE WRITTEN NOTICE IF A CURRENT OR FORMER EMPLOYER DIVULGES A DISCIPLINARY REPORT, LETTER OF REPRIMAND, OR OTHER DISCIPLINARY ACTION TO SPRING LAKE TOWNSHIP. YES  NO**

**IN CASE OF EMERGENCY NOTIFY:**

NAME	ADDRESS	PHONE

**READ CAREFULLY:**

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE PROVISIONS OF THIS APPLICATION. MY QUESTIONS CONCERNING THE APPLICATION, IF ANY, HAVE BEEN ASKED AND ANSWERED TO MY SATISFACTION.

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE TOWNSHIP'S POLICIES AND PROCEDURES.

I UNDERSTAND THAT IF I AM HIRED FOR EMPLOYMENT BY SPRING LAKE TOWNSHIP, MY EMPLOYMENT WILL BE AT WILL, WHICH MEANS THAT IT CAN BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE OR REASON, BY EITHER THE TOWNSHIP OR BY ME.

I UNDERSTAND THAT IF I AM NOT SELECTED FOR EMPLOYMENT WITH SPRING LAKE TOWNSHIP, CERTAIN STATE OR FEDERAL LAWS MAY CREATE ONE OR MORE CAUSES OF ACTION FOR ME, IF THE REFUSAL TO HIRE ME WAS FOR ONE OR MORE ILLEGAL REASONS. I UNDERSTAND THAT IF I WISH TO PURSUE ANY OF MY RIGHTS UNDER ANY OF THESE STATE OR FEDERAL STATUTES, I MUST FILE ANY CAUSE OF ACTION WITH THE APPROPRIATE STATE OR FEDERAL COURT OR STATE OR FEDERAL AGENCY WITHIN SIX MONTHS OF THE DATE OF THIS APPLICATION FOR EMPLOYMENT.

IF I AM TERMINATED FOR ANY REASON FROM MY EMPLOYMENT WITH SPRING LAKE TOWNSHIP ANY CLAIM THAT I COULD MAKE ON MY BEHALF REGARDING MY EMPLOYMENT WILL HAVE TO BE MADE WITHIN SIX MONTHS OF MY TERMINATION OR SEPARATION FROM THE TOWNSHIP.

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SIGNATURE

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DATE

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**DO NOT WRITE BELOW THIS LINE**