



Are you currently using illegal drugs?  Yes  No

Have you ever applied or worked for Briley Township before?  Yes  No

If yes, provide dates: \_\_\_\_\_

List any relatives or friends currently employed by Briley Township or who have been employed previously?

\_\_\_\_\_

Who should be contacted in the event of an emergency?

Name \_\_\_\_\_ Address \_\_\_\_\_ Cell/Telephone Number \_\_\_\_\_

Provide information below for all High Schools, Colleges, Universities, Trade or other schools you attended. Do not omit any institutions.

**EDUCATION:** (May or may not be considered depending on the job applied for).

<b>Level</b>	<b>Print Name, Address &amp; Zip</b>	<b>Grade completed or Degree(s)</b>	<b>Subjects Studies or Major</b>
High School			
College			
Graduate			
Other			

Describe any educational degrees, skills, training, and proficiency in software programs or experience you believe are relevant to the position applied for:

**DRIVING RECORD:** (May or may not be considered depending on the position applied for)

Do you have a valid Michigan driver's license?  Yes  No

Have you had any tickets?  Yes  No

If yes, explain: \_\_\_\_\_

Has your driver's license ever been suspended or revoked?  Yes  No

If yes, explain: \_\_\_\_\_

Do you have any DUI or DWI (drunk driving) convictions?  Yes  No

If yes, explain: \_\_\_\_\_

**EMPLOYMENT HISTORY:** Please complete for all full-time or part-time employment beginning with the most recent employer. Copy this page as needed for additional employment information.

Company Name:	Telephone Number:
Address:	Dates Employed: From: _____ To: _____
Name of Supervisor:	Pay rates: Starting: _____ Ending: _____
State Job Titles and Describe Duties:	Reason for Leaving:
Type of Business:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name:	Telephone Number:
Address:	Dates Employed: From: _____ To: _____
Name of Supervisor:	Pay rates: Starting: _____ Ending: _____
State Job Titles and Describe Duties:	Reason for Leaving:
Type of Business:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

**EMPLOYMENT HISTORY (continued):** Please complete for all full-time or part-time employment beginning with the most recent employer. Copy this page as needed for additional employment information.

Company Name:	Telephone Number:
Address:	Dates Employed: From: _____ To: _____
Name of Supervisor:	Pay rates: Starting: _____ Ending: _____
State Job Titles and Describe Duties:	Reason for Leaving:
Type of Business:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name:	Telephone Number:
Address:	Dates Employed: From: _____ To: _____
Name of Supervisor:	Pay rates: Starting: _____ Ending: _____
State Job Titles and Describe Duties:	Reason for Leaving:
Type of Business:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you received a disciplinary suspension or been discharged from any position?  Yes  No

If yes, please explain:

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Have you signed or are you otherwise subject to any agreement with any other company that would limit or restrict the type of work you may perform for Briley Township? If so, please fully explain and provide a copy of the agreement upon request.

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**REFERENCES:** Please list three **Professional** References.

	<b>Professional (Past Employer)</b>
Name Company/Employer Name	1.
Address	
City, State, Zip	
Telephone Number	

	<b>Professional (Past Employer)</b>
Name Company/Employer Name	2.
Address	
City, State, Zip	
Telephone Number	

	<b>Professional (Past Employer)</b>
Name Company/Employer Name	3.
Address	
City, State, Zip	
Telephone Number	

**ACKNOWLEDGMENT**  
**(Please read carefully and sign below)**

I authorize Briley Township and its agents to consult with and receive information from other companies, individuals, schools or agencies (public or private) concerning my employment, education, background, criminal or motor vehicle record, competence, experience, character or qualifications, and I authorize them to release such information to Briley Township as they request, including without limitation, my prior disciplinary record, without any obligation to give me written notice of such inquiry and/or disclosure. I also authorize Briley Township to release any information concerning my employment to any prospective or subsequent employers without any obligation to give me written notice of such disclosure. I authorize the Social Security Administration to verify that the Social Security number I will furnish is my assigned number and is valid for employment purposes. **I hold harmless and release Briley Township and any individual, institution, company or agency from any liability as a result of the above inquiries and disclosures.**

I understand that this Application is not an offer or a contract of employment. If I am hired by Briley Township as an employee or volunteer, I will be bound by the rules, policies, regulations, terms and conditions of employment of Briley Township as they may be communicated to me from time to time and which may be changed or modified at the will of Briley Township, in its sole discretion, with or without cause, or notice to me. **I further understand and agree that Briley Township is an at-will employer which means that my employment relationship with Briley Township is for no definite period and may be terminated at any time, with or without cause, with or without notice, at the will of either Briley Township or me.** I understand that the direction and control of all work is the sole prerogative of Briley Township and includes, by way of illustration only, the right to hire, layoff, transfer, reassign, demote or discharge.

I understand that according to federal law, I must produce documentation to verify my identity and authorization to work in the U.S. I agree that any employment with Briley Township is contingent on my ability to obtain and maintain the required documentation within the time period required by applicable law.

I certify that all of the information in this Application (and other information given by me in support of my application) is true and complete. I understand that any misrepresentation, misleading statement or omission of any fact by me in this Application, in support of my application for employment, or during my employment, is sufficient reason for my (1) not being offered employment or (2) being disciplined, up to and including discharge, at any time during my employment in the sole discretion of Briley Township.

I understand and agree that as a condition of employment, I may be required to undergo a post-offer medical examination, which includes a drug test. During any employment with Briley Township, I understand that I may be required to submit to an alcohol or drug screening at the request of Briley Township and I authorize the release of any such test results to appropriate personnel. I further agree that during any employment with Briley Township if I need an accommodation as the result of a disability, I will promptly notify the appropriate Briley Township representative of my need for accommodation in writing within 182 days after I learn of the need.

**I agree that any claim or lawsuit relating to my application for employment, or service with Briley Township must be filed no more than six (6) months after the date of the employment action(s) or event(s) that is the subject of my claim or lawsuit. I voluntarily and knowingly waive any statute of limitations to the contrary.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_