Township of Sumpter 23480 Sumpter Road Belleville, MI 48111 (734) 461-6201 Attn: Human Resources hr@sumptertwp.org



EMPLOYMENT APPLICATION

It is the policy of Sumpter Township to provide a work environment that is free of discrimination, intimidation, offensive behavior, and harassment by any individual against any other individual on the basis of sex, race, color, national origin or ancestry, age, religion, marital status, pregnancy, veteran status, disability, height, weight or "protected activity" (meaning opposition to discrimination or participation in proceedings covered by anti-discrimination statutes). The Township will investigate any complaint of conduct violating this policy. If a violation is found, the Township will take prompt and appropriate corrective action, including discipline up to and including termination of employment where appropriate, to stop unwelcome behavior before it rises to the level of a violation of state or federal law. For purposes of this policy, "individual" includes all Township elected officials, employees, suppliers, independent contractors and their employees, officers and agents, appointees, citizens, and volunteers.

APPLICANT INFORMATION					
LAST NAME			SSN:		
FIRST NAME & MIDDLE INITIAL			DATE OF BIRTH		
STREET ADDRESS			PHONE 1		
CITY/STATE/ ZIP CODE			EMAIL ADDRESS		
Are you 18 or older?	□ Yes	□ No	Legally Authorized to work in the U.S.?	□ Yes	□ No
Military Service?	□ Yes	□ No	If yes, which branch?		
Convicted of a felony?	□ Yes	□ No	If yes, please explain.		
What position are you applying for?			Did you receive a position description?	□ Yes	□ No
Date Available to Begin			Date of Application		
Are you employed currently?	□ Yes	□ No	May we contact your employer?	□ Yes	□ No
Were you previously employed by Sumpter Township?	□ Yes	□ No	How did you hear about us?		

PREVIOUS EXPERIENCE			
EMPLOYER NAME 1	START DATE		
SUPERVISOR NAME	END DATE		
STREET ADDRESS	PHONE		
CITY/STATE/ZIP CODE	EMAIL ADDRESS		
POSITION HELD	RATE OF PAY		
Reason for leaving?	May we contact?	□ Yes	□ No
EMPLOYER NAME 2	START DATE		
SUPERVISOR NAME	END DATE		
STREET ADDRESS	PHONE		
CITY/STATE/ZIP CODE	EMAIL ADDRESS		
POSITION HELD	RATE OF PAY		
Reason for leaving?	May we contact?	□ Yes	□ No
EMPLOYER NAME 3	START DATE		
SUPERVISOR NAME	END DATE		
STREET ADDRESS	PHONE		
CITY/STATE/ZIP CODE	EMAIL ADDRESS		
POSITION HELD	RATE OF PAY		

Reason for le	aving?	May we contact?	□ Yes	□ No
	<u> </u>	<u>, </u>		
EDUCATION				
	NAME & LOCATION	LAST YEAR COMPLETED	MAJOF	R/EMPHASIS & DEGREE EARNED
HIGH SCHOOL				
COLLEGE/UNI\	/ERSITY			
TRADE SCHOO	L			
OTHER/APPLIC TRAINING	ABLE	APPLICABLE SKILLS/PROFICIEN	CIES	
REFERENCE				
1 NAME				
ADDRESS				
PHONE				
REFERENCE				
2 NAME				
ADDRESS				
PHONE				
REFERENCE				
3 NAME				
ADDRESS				
PHONE				
Complete on	y if applying for a Safety-Sensitive p	osition		
Applying for Transportation Driver (see the position description)				□ Yes □ No
Completed the	previous employer release of informati	on form:		□ Yes □ No

employment drug o	Part 40 Section 40.25: Have you tested positive, or refused to testor alcohol test administered by an employer to which you have appetive transportation work covered by DOT agency drug and alcohol	olied for, bu	ıt did not	□ Yes
I certify that the ansiqualification. I under time if it discovers to any other document. I hereby authorize to investigation of my educational institut information they has third parties for proful also understand the Township's expense testing is job-related contract of employed employ me. I under the terms of a colled when seeking dates release the Township time to time change may be distributed personnel recruiter, employment for any action arising out of	E-PLEASE READ AND SIGN BELOW: swers and information given by me in this application are true, corrected that the Township of Sumpter has the right to refuse to him that I have provided incomplete, untrue, or misleading answers or into or forms submitted at any time during my employment. The township to verify the answers and information given by me in background deemed necessary. I authorize former employers, law ions, and any other third party contracted by the Township of Sum are regarding me without providing written notice to me and that loviding this information to the Township. The township makes an offer of employment to me, I may be a psychological exam and/or medical examination that will included and based on business necessity. I further understand that this a ment, nor does this application obligate the Township of Sumpter estand and agree that any employment is at will, except where an excitive bargaining agreement. I authorize the Township to disclose me active bargaining agreement. I authorize the Township to disclose me active bargaining agreement. I authorize the Township, I understand an policies, procedures, and other terms and conditions of employment ed, with or without notice to me. I also understand that any employment, with or without notice to me. I also understand that any employment or claim relating to my hire, employment with, or separation of this application for employment, more than one hundred eighty mination of such employment, or the date the alleged claim arose, ontrary.	this application in any way information in any way mployee's ny information to me of a dagree that of the Toyment mand as a contrority to entural of the Tofrom the T	liately discharge in this application and to male ent organizations ease to the Town legal claims again undergo, at the eening to the exist not intended the first of the Township employment is set on to future entered the such disclosure, at I will be bound with the township as they are into any agreeownship Board. Township, as well after the date of	me at any ion or on see any s, aship any ainst such see at decides to subject to apployers and I do by the are from oks that do that no ement for I agree not I as an this
SIGNATURE		DATE		