

**KINROSS CHARTER TOWNSHIP  
AT-WILL EMPLOYMENT APPLICATION**

*Kinross Charter 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 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. Federal law has no such requirement.*

Position applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Date you can start: \_\_\_\_\_

**PLEASE NOTE THAT THIS APPLICATION WILL ONLY REMAIN ACTIVE FOR THREE (3) MONTHS, AFTER WHICH THE APPLICANT WOULD NEED TO RE-APPLY.**

Name: \_\_\_\_\_  
Last First Middle Initial

Driver's License  YES State \_\_\_\_\_  NO

E-mail Address \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street City State Zip

Permanent Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: Home (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

Are you 18 years or older?  Yes  No

Are there any hours or days of the week you cannot work?  Yes  No

If so, when? \_\_\_\_\_

Salary Desired \_\_\_\_\_ Type of Employment desired  Full Time  Part Time  Seasonal

Have you ever applied to Kinross Charter Township before?  Yes  No

If so, when? \_\_\_\_\_

Position applied for: \_\_\_\_\_

Under what name? \_\_\_\_\_

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

NAME	ADDRESS & TELEPHONE	RELATIONSHIP	YEARS ACQUAINTED

Emergency Contact Information:

NAME	ADDRESS & TELEPHONE

Current and Most Recent Former Employers: (Most recent one first)

DATE MONTH/ YEAR	NAME, ADDRESS, PHONE NUMBER OF EMPLOYER	SALARY: STARTING/ ENDING	LAST POSITION HELD/RESPONSIBILITIES	REASON FOR LEAVING
From: To:				
From: To:				
From: To:				

May we contact the Employers listed?  Yes  No

If not, which one(s)? \_\_\_\_\_

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 inform Kinross Charter Township prior to the administration of the test so that a reasonable accommodation can be made. Kinross Charter Township reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understanding that, if employed, falsified statements or omitted information on this application may result in termination.

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 and salary, be terminated with or without cause, at any time, with or without notice.

I authorize investigation of all statements contained in this application for any employment related purpose. I release the listed references and all employers, except those specifically excepted \* to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you.

As a condition of employment, employees of Kinross Charter Township agree not to commence any action, claim, or suit relating to their employment with Kinross Charter Township more than 182 calendar days after the date the employee knew or should have known that a claim existed or later than the applicable limitations period established by statute, whichever is less.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\* Employers specifically excepted: \_\_\_\_\_

For Employer Use Only:

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Hired:  Yes  No

Starting Date: \_\_\_\_\_ Position: \_\_\_\_\_ Wage: \_\_\_\_\_

EMPLOYER NOTES:

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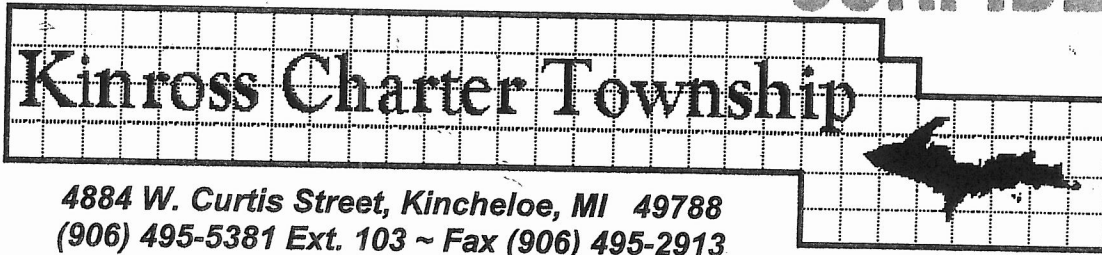
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(Application adopted on 12/21/2009)



I, \_\_\_\_\_  
 Print first name                      Middle name                      Last name

Authorize Kinross Charter Township to conduct a criminal history background check.

I also understand that my employment is contingent on passing a drug test, pre employment physical, Ichat check and driving record check and any new employment training if applicable.

Male  / Female

DEPT requesting Check \_\_\_\_\_

Date of Birth    \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

Drivers license number \_\_\_\_\_

STATE \_\_\_\_\_

\_\_\_\_\_  
 Signature

This form must be legible and filled out fully including spelling out the middle name. Any forms not legible or completed fully will be returned to the Dept requesting.

## LEIN Information

Please complete the information below. This information is required in order to complete the criminal history check only for non-Michigan Department of Corrections employees:

\_\_\_\_\_  
**Print Name**    Last                                  First                                  Middle                                  Social Security Number

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of birth \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

**I authorize the Department of Corrections to conduct a criminal history file check to determine the existence of any arrest resulting in conviction. I further authorize the Department to check my motor vehicle operator license record for the purpose of determining if I will be allowed to operate a motor vehicle while conducting Department business.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Special Note:** The Department of Corrections may screen out job applicants who have been convicted of a felony in accordance with Public Act 191 of 2017. Applicants who have been convicted of a misdemeanor or felony are ineligible for employment with the Department of Corrections until satisfactory completion of any sentence imposed, including parole or probation.

### Personnel Use Only

Reason for LEIN Check: \_\_\_\_\_

Staff Requesting LEIN Check: \_\_\_\_\_

LEIN Check Date: \_\_\_\_\_

# of Convictions: \_\_\_\_\_

LEIN Checked By: \_\_\_\_\_