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**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

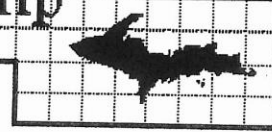
Signature

* Employers specifically excepted: _____



Kinross Charter Township

**4884 W. Curtis Street, Kincheloe, MI 49788
(906) 495-5381 Ext. 103 ~ Fax (906) 495-2913**



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.



MICHIGAN DEPARTMENT OF CORRECTIONS
LEIN REQUEST

CAJ-1037
REV. 09/19

Please provide the information requested below. This information will be used to complete a criminal history check in the Michigan Law Enforcement Information Network (LEIN).

Your Driver's License Number or State Identification Card Number, date-of-birth, race and sex is needed to complete this LEIN request.

Employment/Human Resources _____
HR Personnel / Requesting

Contractor _____ Visitor _____
Contractor Agency Agency Representing

Volunteer _____ Other _____
Agency Representing Agency Representing

Are you entering the secure perimeter/property of a Michigan Department of Corrections (MDOC) facility? Yes No

Please print information below:

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Sex: _____ Race: _____

Please provide the number of one of the following types of identification:

Driver's License #: _____ State issued by: _____

State ID #: _____ State issued by: _____

I authorize the MDOC to conduct a criminal history check, so that I may be approved to enter the secure perimeter/property of an MDOC facility to perform work, visit, meet with or work with MDOC offenders.

For MDOC HR/Employment purposes only: I further authorize the Department to check my motor vehicle operator license record for the purposes of determining if I will be allowed to operate a motor vehicle while conducting Department business.

Signature: _____ Date: _____

LEIN Completed By: Name: _____ Date: _____

LEIN Cleared: Yes No (Does not apply to Human Resources)

MDOC Employment/HR purposes: Indicate the # of convictions: _____

Comment (Optional): _____