Long Lake TOWNSHIP
8870 North Long Lake Rd., Traverse City, MI 49685
PH (231) 946-2249 • FAX (231) 946-4573

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer.

This employment application is only active for 30 days. After 30 days submit a new application to be considered for employment.

Please Print Clearly

APPLICANT INFORMATION

Name - Last	First	Middle	Today's Date

Address	City	State	Zip

Home Phone	Cell Phone	Work Phone

Email	Best way to contact	May we call you at work?
	❑ Home Phone ❑ Cell Phone ❑ Work Phone ❑ Email	❑Yes ❑No

Are you at least 18 years old?	Are you legally eligible to be employed in the U. S.?	Available Start Date
❑ Yes ❑ No	❑ Yes ❑ No *Proof of US Citizenship or immigrant status will be required if hired*	

List any other names you have worked under	List friends or relatives employed by the Township

POSITION

INCLUDES THOSE POSITIONS REPORTING TO LONG LAKE FIRE RESCUE

What position(s) are you applying for?	Employment Status Desired	Wages Desired
❑ Office staff ❑ Administrative ❑ Fire/EMS ❑ Other	❑ Full Time ❑ Temporary ❑ Part Time ❑ Fire/EMS On Call ❑ Other ❑ Fire/EMS Shift Work	

How did you find out about this job?

❑ Advertisement ❑ Current Employee ❑ Website ❑ Staffing Company
❑ Referral; who? ❑ Other, please explain.

Administrative: Please check the skills for which you have been trained or have experience?

❑ Clerical ❑ Receptionist ❑ Appointments/Scheduling ❑ Accounting ❑ Computer ❑ Other
❑ Firefighter ❑ EMS ❑ Maintenance/landscaping ❑ Law Enforcement ❑ Community relations

Identify licenses or certifications:

Have you ever worked for the Township before?	If hired, how long do you plan to work for the Township?
❑ Yes ❑ No If yes, where and when?	

EMPLOYMENT DATA	
☐ Yes ☐ No	If hired, do you have a reliable means of transportation to get to work?
☐ Yes ☐ No	If hired, will you be available to work overtime?
☐ Yes ☐ No	If hired, are you willing to work holidays?
☐ Yes ☐ No	If hired, are you willing to travel if the position requires it?
☐ Yes ☐ No	Are you currently employed?
☐ Yes ☐ No	Have you ever been discharged or asked to resign from a position? If yes, please explain.
☐ Yes ☐ No	Are you on layoff and subject to recall? If yes, please explain.
☐ Yes ☐ No	Have you ever been convicted of a felony? *(A yes answer does not automatically disqualify your application)*If yes, please explain.
☐ Yes ☐ No	If applicable for the positon you are seeking: Are you aware of any limitation (physical/certifications/etc.)You have to performing fire/rescue work?
☐ Yes ☐ No	If applicable for the positon you are seeking: do you have a valid driver's license? License Number is _____

EDUCATION		
Please complete and circle the highest level/year completed		
High School 9 10 11 12 GED	**College** Associates Bachelors Masters Other	**Other Education** Associates Bachelors Masters Other
Name of School	Name of School	Name of School
Location of School	Location of School	Location of School
Are you enrolled in a co-op program? ☐ Yes ☐ No	Degree and Major	Degree and Major

MILITARY SERVICE

Are you a veteran? ☐ Yes ☐ No

If yes, list dates of service. From:_____ To:_____

List Branch and any special skills or training.

EMPLOYMENT HISTORY

List all employments for the past four (4) years, starting with the most recent position. (*Attach additional sheets if necessary*)

Were you previously affiliated with Station 10 ore otherwise employed by the Grand Traverse Rural Fire Department? ☐ Yes ☐ No

Last date worked? _____ Positon(s) Held_____

☐ Full time ☐ Part-time ☐ On-call Reason for Leaving_____

Employer Name		Phone	May we contact for reference? ☐ Yes ☐ No ☐ Later
Employer Address			
Date of Hire / /	Starting Salary	Supervisor Name	
Employed Until / /	Ending Salary	Supervisor	
Job Title		Reason for Leaving	
Duties and Responsibilities			

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Date of Hire / /	Starting Salary	Supervisor Name	
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Date of Hire / /	Starting Salary	Supervisor Name	
Employed Until / /	Ending Salary	Supervisor	
Job Title		Reason for Leaving	
Duties and Responsibilities			

REFERENCES		
Please provide three non-relative references.		
Reference Name	Relationship to Applicant	Phone #
Reference Title/Position	Number of years known	
Reference Name	Relationship to Applicant	Phone #
Reference Title/Position	Number of years known	
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Reference Title/Position	Number of years known	

CERTIFICATION, AUTHORIZATIONS AND AGREEMENTS	
Please read the following statements carefully and indicate your agreement by checking Yes or No in the left column.	
☐ Yes ☐ No	CERTIFICATION: I certify that the facts set forth in this application are **true and complete**. I agree that any false, misleading, or incomplete information in this application, or given during an interview or other employment forms I may subsequently complete, may result in my disqualification from employment with the Township or in my dismissal from employment, if hired, no matter when the falsification or omission is discovered.
☐ Yes ☐ No	FORMER EMPLOYERS AND BACKGROUND INFORMATION: I authorize the Township to contact the appropriate entities to investigate the facts submitted in this application, including, but not limited to, criminal background organizations, driving record, all my former and current employers, schools, and references. I authorize such entities to disclose and make copies available to the Township of all requested information, whether or not it is included in my personnel or other record, including but not limited to, any information concerning any unprofessional conduct by me. I release the Township and all of my former and current employers, educational institutions, and the other references I have provided, from any and all liability and damages for releasing or using information concerning me and my work, academic, and/or other experience.
☐ Yes ☐ No	MEDICAL EVALUATION, BACKGROUND CHECKS and DRUG TESTING: I understand that I may be asked to undergo such medical examinations and drug tests. I agree to release the Township from any liability in doing so. I also understand that any offer of employment I may receive may be contingent upon my satisfactory completion of a background check that may include a search of any unlawful conduct, including my driving record, financial background a medical exams or drug tests.
☐ Yes ☐ No	DISABILITY: I understand that Michigan law 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 for accommodation is known or should have been known.
☐ Yes ☐ No	EMPLOYMENT-AT-WILL: I understand that nothing in this application or the above Certification, Authorizations and Agreements constitutes an employment contract. If I am hired, it will be "employment-at-will" and employment can terminate at the will of either party, with or without cause.

_____ _____

Applicant Signature **Date**

An original of this application will be placed in your personnel file.