

DATE: \_\_\_\_\_

**FORSYTH TOWNSHIP APPLICATION**  
**186 W. Flint St., PO Box 1360**  
**Gwinn, MI 49841**

*(APPLICATION WILL BE KEPT ON FILE FOR SIX (6) MONTHS)*

\_\_\_\_\_  
LAST NAME MIDDLE FIRST NAME

\_\_\_\_\_  
CURRENT ADDRESS CITY STATE ZIP

\_\_\_\_\_  
HOME PHONE BUSINESS PHONE

\_\_\_\_\_  
NAME AND ADDRESS OF CURRENT EMPLOYER

Do you have any objections to us contacting any former employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Position Desired \_\_\_\_\_ Date Available if hired \_\_\_\_\_

Shifts you are willing to work: \_\_\_ Days \_\_\_ Evenings \_\_\_ Nights \_\_\_ Weekends \_\_\_ Holidays

Are you at least 18 years old? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when \_\_\_\_\_ . Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any pending felony charges against you? \_\_\_\_\_

Have you ever used another name? \_\_\_\_\_ If so, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

HIGH SCHOOL OR GED

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

CIRCLE HIGHEST GRADE COMPLETED

9    10    11    12    FROM \_\_\_\_\_ TO \_\_\_\_\_

Did you Graduate? \_\_\_\_\_

If you have been out of school for more than 5 years, please do not complete Faculty Reference:

Faculty Reference: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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**COLLEGE, UNIVERSITY, TECHNICAL SCHOOL**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Circle Last Year Completed

1    2    3    4    FROM \_\_\_\_\_ TO \_\_\_\_\_

Did you graduate? \_\_\_\_\_

Faculty Reference: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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**MILITARY SERVICE**

Were you in the U.S. Armed Forces? \_\_\_\_\_ What Branch? \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

Current Status \_\_\_\_\_ Reserve Status \_\_\_\_\_

Duties \_\_\_\_\_

Special Training \_\_\_\_\_

Citations or Award Received \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Date Discharged \_\_\_\_\_

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**INFORMATIONAL**

1. Do you have a valid Driver's License? \_\_\_\_\_ Yes \_\_\_\_\_ No State \_\_\_\_\_

2. Can you perform the duties of the job in which you wish to be employed with or without accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please describe \_\_\_\_\_

3. Were you injured? \_\_\_\_\_ Give details \_\_\_\_\_

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**EMPLOYMENT HISTORY**

Please list employers for the past 10 years, listing most recent first:

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Supervisor \_\_\_\_\_

Position Held \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Supervisor \_\_\_\_\_

Position Held \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Supervisor \_\_\_\_\_

Position Held \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Supervisor \_\_\_\_\_

Position Held \_\_\_\_\_

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**REFERENCES**

\_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
Name Address Phone

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**IN CASE OF EMERGENCY, NOTIFY:**

\_\_\_\_\_  
Name Address Phone

I certify that the answers that appear on this application are complete and true. I hereby authorize Forsyth Township and/or its agents to verify any or all of the information provided on this application. In order to verify such information, I hereby authorize all persons, schools, companies and law enforcement agencies to release any records or any other information they may possess relating to my qualifications for the position sought. I also release any individual, partnership or corporation which presently or formerly employed me, any school I attended, their officer, agents and employees and any law enforcement agency from any liability for any damage whatsoever, for issuing such information in good faith and without malice concerning my competence, ethics, character and other qualifications.

I realize that falsification or omissions of any information on this application or during any interview, or receipt of a poor reference may result in rejection of my application or discharge at any time during my employment. I understand a conditional offer of employment may be based on results of a post-hire medical examination. I also understand that any falsification or omission of information in connection with any medical examination may result in rejection of my application or discharge at any time during my employment. **I also understand that nothing in this application is intended to imply or create an employment relationship or contract for employment.**

I will submit to any medical examination deemed necessary by Forsyth Township to evaluate my physical and mental fitness for employment. If employed I will submit to any physical or mental examination deemed necessary by Forsyth Township to determine my continued fitness to perform the duties of the job, or whenever such medical examination are required by State or Federal law.

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Signature of Applicant **(DO NOT PRINT)**

Date