

**SCIO TOWNSHIP**  
**APPLICATION FOR EMPLOYMENT**  
(AN EQUAL OPPORTUNITY EMPLOYER)

**Return to:** Human Resources, 827 N. Zeeb Road, Ann Arbor, MI 48103

**INSTRUCTIONS:** Please print the requested information in the spaces provided below. Incomplete information could disqualify you from further consideration. Please complete all fields.

Date of Application:

Date you can start:

**PERSONAL INFORMATION**

Last Name	First Name	Middle
Full Street Address		
E-mail Address		
Mobile Phone	Other Phone	

Are you legally eligible to work in the U.S? \*      Yes      No

Are you 18 years or older?      Yes      No

If related to anyone in our employ, state name and relationship to you

Name:

Relationship:

\* Scio Township conforms to the Immigration Reform and Control Act of 1986 which requires you to furnish documentation showing your identity and legal authorization to work in the United States once you have been offered employment.

**EMPLOYMENT DESIRED**

POSITION(S) APPLIED FOR:

Hourly Rate/Salary desired:

Kind of work sought:      Full Time      Part Time      Seasonal      Other

If part time or seasonal, please specify days, hours or time of year sought:

Have you ever worked for another governmental entity?      Yes      No

If YES, reason for leaving:

**REFERRAL SOURCE**

How did you hear about us?      Walk In      Advertisement      Referral      Other

If referral, please state the name:

## EDUCATION

EDUCATION	NAME & LOCATION OF SCHOOL	COURSES/MAJOR	DEGREE(S)
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High School

College/University

Vocational/Trade/  
Graduate School

What language(s), other than English, do you speak, read or write? (Please check)

Language	Speak	Read	Write	Fluent
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Language	Speak	Read	Write	Fluent
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## GENERAL

Do you have any special training, qualifications, licenses, certifications, or other experience that relates to the position(s) applied for?

Although a valid Michigan driver's license is required for all Scio Township jobs, exceptions are made for certain non-driving jobs if the applicant, who is otherwise qualified for a position for which he/she applies, requires, and requests it.

Type of License:      Standard driver's      Chauffeur's License      Commercial (CDL)

License number:

Endorsements:      Expiration Date:

U.S. Military Service:

Branch of Service:      From      To

Rank or Rating:      Type of Discharge:

## EMPLOYMENT INFORMATION

Have you ever been discharged or requested to resign from any job?      Yes      No

If YES, please explain circumstances:

(330 characters with spaces)

Are you presently employed?      Yes      No

Are you able to perform the job functions for which you have applied, with or without reasonable accommodation?

Yes      No

## EMPLOYMENT HISTORY

Include your last ten (10) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From                      To                      Employer Name                      Phone

Job Title                      Address

Immediate Supervisor                      Reason for leaving

Summarize the nature of work performed and job responsibilities

(330 characters with spaces)

From                      To                      Employer Name                      Phone

Job Title                      Address

Immediate Supervisor                      Reason for leaving

Summarize the nature of work performed and job responsibilities

(330 characters with spaces)

From                      To                      Employer Name                      Phone

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From                      To                      Employer Name                      Phone

Job Title                      Address

Immediate Supervisor                      Reason for leaving

Summarize the nature of work performed and job responsibilities

(330 characters with spaces)

## REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Relationship	Phone
Email	Company	Years Known

Name	Relationship	Phone
Email	Company	Years Known

Name	Relationship	Phone
Email	Company	Years Known

**Please read carefully before signing.**

In exchange for the consideration of my job application by Scio Township (hereinafter called "the Township"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Township practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Scio Township, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned. I acknowledge that no township employee has the power to enter in agreement for employment for any specified amount of time, or to make any agreements contrary to any of the above unless it is in writing and authorized by the Township Board. Both I and Scio Township may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Township may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Township permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Township from any liability as a result of such contract.

I also understand that (1) the Township has a drug and alcohol policy that may require pre-employment testing for certain job responsibilities, as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of my employment application, the Township may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Township will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

If I am hired by the Township, I understand and agree that I will be bound by the rules, regulations, policies, procedures, and other terms and conditions of employment of the Township, as they are from time-to-time changed, with or without notice.

I further understand that my employment with the Township shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Township is terminable at will for any reason by either party.

Applicant Signature

Date

2/2024