

# STOP

BEFORE COMPLETING THE CHARTER TOWNSHIP OF YPSILANTI  
EMPLOYMENT APPLICATION – PLEASE NOTE THE FOLLOWING:

SAVE THE BLANK APPLICATION FORM TO YOUR COMPUTER  
BEFORE ENTERING ANY INFORMATION. FILL OUT THE SAVED  
APPLICATION ON YOUR COMPUTER, NOT THE APPLICATION  
YOU SEE IN YOUR WEB BROWSER. WHEN YOU HAVE COMPLETED  
THE APPLICATION, CLICK THE "EMAIL APPLICATION" BUTTON  
FOR FURTHER INSTRUCTION.

PLEASE SUBMIT APPLICATION IN PDF OR WORD FORMAT ONLY.

**Charter Township of Ypsilanti**  
**APPLICATION FOR EMPLOYMENT**  
*An Equal Opportunity Employer*

REMIT TO:  
HUMAN RESOURCES DEPARTMENT  
7200 S. HURON RIVER DRIVE  
YPSILANTI, MI 48197  
P: (734) 484-0065 F: (734) 484-5160

APPLICATION MUST BE COMPLETED IN ITS ENTIRETY BY APPLICANT. DO NOT INCLUDE EXTRANEOUS INFORMATION WITH APPLICATION (BIRTH CERTIFICATE, LICENSE, ETC.)

**GENERAL INFORMATION**

Print Full Name: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Last Four Digits of Social Security Number (**Disclosure is voluntary pursuant to Federal Law**): \_\_\_\_\_

Other names, if any, under which you have worked at or attended school: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_ Department: \_\_\_\_\_

Employment Desired:  full-time  part-time  seasonal Date Available: \_\_\_\_\_

Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

How long have you lived at the current address? \_\_\_\_\_

Previous Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

Current Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ If under the age of 18, please state your age: \_\_\_\_\_

If hired, can you provide the documents required by law to prove legal right to work in the United States?  YES  NO

Have you ever been employed here before?  YES  NO

If yes, gives dates and department: \_\_\_\_\_

Are any of your relatives current employees?  YES  NO

If yes, list their names: \_\_\_\_\_

Have you ever been terminated by an employer for other than lack of work?  YES  NO

If yes, explain: \_\_\_\_\_

Are you able to perform all functions of the positions(s) for which you are applying with or without a reasonable accommodation by the Charter Township of Ypsilanti?  YES  NO

If there is reason to believe an accommodation is required please describe:\*\* \_\_\_\_\_

\_\_\_\_\_

**MILITARY INFORMATION – Complete this section if you served in the U.S. Armed Forces**

Branch of Service: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

Period of Active Duty (Month & Year): From: \_\_\_\_\_ To: \_\_\_\_\_

Honorable Discharge?\*\*\*  YES  NO

Describe your duties and any special training: \_\_\_\_\_  
\_\_\_\_\_

**DRIVING HISTORY**

Do you have a valid driver's license?  YES  NO

If yes, license number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Commercial driver's license?  YES  NO

If yes, group: \_\_\_\_\_ Endorsement: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**PERSONAL REFERENCES - Give the name of three persons not related to you, whom you have known at least one year**

NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*\*The need for accommodation does not necessarily bar employment. A determination will be made as to the effectiveness with which the accommodation would allow you to perform the essential functions of the position and the hardship it would impose on the Township.  
\*\*\*A dishonorable discharge is not an absolute bar to employment.

**EMPLOYMENT HISTORY - (Please list all employment for the last ten years and begin by listing your last or present employer first.**

**(Attach additional Sheet if needed.)**

Charter Township of Ypsilanti reserves the privilege of contacting past employers regarding references. May we contact your present employer at this Time?  YES  NO

1. Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Wage or Salary (Start & End): \_\_\_\_\_

State duties clearly & briefly: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Wage or Salary (Start & End): \_\_\_\_\_

State duties clearly & briefly: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3. Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Wage or Salary (Start & End): \_\_\_\_\_

State duties clearly & briefly: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

4. Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Wage or Salary (Start & End): \_\_\_\_\_

State duties clearly & briefly: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**EDUCATION**

**Highschool** Name: \_\_\_\_\_

Location: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Field of Study: \_\_\_\_\_

Did you graduate?  YES  NO

Degrees or Diplomas: \_\_\_\_\_

**College** Name: \_\_\_\_\_

Location: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Field of Study: \_\_\_\_\_

Did you graduate?  YES  NO

Degrees or Diplomas: \_\_\_\_\_

**Other** Name: \_\_\_\_\_

Location: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Field of Study: \_\_\_\_\_

Did you graduate?  YES  NO

Degrees or Diplomas: \_\_\_\_\_

**SPECIAL SKILLS & QUALIFICATIONS**

Summarize special skills and qualifications acquired from employment or other experiences: \_\_\_\_\_  
 \_\_\_\_\_

List computer applications you are proficient in using: \_\_\_\_\_

Typing WPM: \_\_\_\_\_

What shop equipment can you operate effectively and safely? \_\_\_\_\_  
 \_\_\_\_\_

What heavy equipment can you operate effectively and safely? \_\_\_\_\_  
 \_\_\_\_\_

What licenses or certifications do you have? Include issuing body and expiration date: \_\_\_\_\_  
 \_\_\_\_\_

List your publications or awards: \_\_\_\_\_  
 \_\_\_\_\_

**ACKNOWLEDGEMENTS, RELEASE OF CLAIMS AND OTHER IMPORTANT INFORMATION (READ CAREFULLY)**

I certify that the information given herein is true and complete to the best of my knowledge. I understand that the Charter Township of Ypsilanti may investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools and employers named therein, except as specifically limited on this application, to provide information requested about me, and I release them from liability for damages in providing this information. I understand and acknowledge that any misrepresentation or omission of fact by me can result in immediate discharge. I consent to random drug testing at the Township's expense. I understand a refusal to take a test on request may result in a proper termination of the application process or my employment. All applicants being considered for employment may be tested for the following drugs or their metabolites:

AMPHETAMINE-UPPER/SPEED	COCAINE-CRACK/COCAINE	PHSCYE/PCP-ANIMAL TRANQUILIZER	BARBITUATES-SLEEPING PILLS	METHAQUALONE-QUALUDES/SLEEPING PILLS
PROPAXPHENE-DARVON	BENZODIAZ-VALIUM	METHADONE-HEROIN/ADDICTS	CANNABINOID/THC-MARIJUANA	OPIATE-HEROIN/CODEINE

I authorize the medical clinic/testing laboratory to release any test results to the Charter Township of Ypsilanti and may be used as a determining factor in the selection and retention of employees. Applicants offered positions may be required to pass a job related physical examination before beginning work. I authorize release of examination results to the Charter Township of Ypsilanti. I agree that this is my statutory notice under Michigan law that I must notify the Charter Township of Ypsilanti of any needed accommodation to enable me to do a job within 182 days of when I knew or should have known of such a need because of handicap, or I will be unable to rely on the Charter Township of Ypsilanti's statutory duty to accommodate, if any. This application will only be considered for a 1 year period from its receipt by the Township. You may re-apply.

By checking this box, I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement. The typed name on the signature line below serves as my electronic signature to the Applicant Statement.

I, \_\_\_\_\_ have read, understand and agree to the above. \_\_\_\_\_  
 (APPLICANT'S SIGNATURE) (DATE)

