



32325 Franklin Road, Franklin, Michigan 48025

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[www.franklin.mi.us](http://www.franklin.mi.us)

## VILLAGE OF FRANKLIN APPLICATION FOR EMPLOYMENT

The Village of Franklin is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, gender, religion, national origin, age, height, weight, marital status, veteran status, handicap or any other protected category.

**Instructions: Provide all requested information. Answer questions completely and truthfully. Failure to do so will result in rejection of your application and you will not be considered for employment.**

Position applied for: \_\_\_\_\_

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

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

Street

City

State

Mobile Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Email address: \_\_\_\_\_

If you are applying for a position for which driving is a job requirement, do you presently have a valid Michigan driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Type of license: Operator's license \_\_\_\_\_ Commercial Driver's license \_\_\_\_\_

**NOTE: A license check will be conducted for applicants for positions requiring a current driver's license.**

Are you a relative by birth or marriage to any Village of Franklin elected official or full-time administrative employee? Yes \_\_\_\_\_ No \_\_\_\_\_

Revised 07/25/25

If yes, please provide name of relative: \_\_\_\_\_

Are you under 18 years of age? (if yes, attach work permit) Yes  No

Will you submit a drug screening test? Yes  No

Have you ever been employed by the Village of Franklin? Yes  No

If yes: \_\_\_\_\_

Position

Dates

Are you authorized to work in the United States? Yes  No

NOTE: In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility forms upon hire.

Have you ever been convicted of a felony? Yes  No

NOTE: A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation and rehabilitation will be considered.

Are you capable of performing the essential job function of the job being applied for, with or without reasonable accommodation (special assistance, equipment or other help), the activities involved in the job for which you have applied? Yes  No

**EDUCATION:**

**High School:** \_\_\_\_\_

Name of School City /State

Did you graduate: Yes \_\_\_\_\_ No \_\_\_\_\_

**Vocational/Technical School:** \_\_\_\_\_

Name of School City/State

Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, number of credit hours completed: \_\_\_\_\_

**College/University:** \_\_\_\_\_

Name of School City/State

Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, number of credit hours completed: \_\_\_\_\_

**Graduate School:** \_\_\_\_\_

Name of School City/State

Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, number of credit hours completed: \_\_\_\_\_

**Professional Licensure or Certifications/Credentials:**

Type: \_\_\_\_\_ Number: \_\_\_\_\_

Type: \_\_\_\_\_ Number: \_\_\_\_\_

Type: \_\_\_\_\_ Number: \_\_\_\_\_

**Driver License Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **State Issued:** \_\_\_\_\_

**Technical/Computer & Systems Skills:** *Please list applicable computer skills:*

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**REFERENCES:** (Do not include relatives or former employers)

Name	Contact Information	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**MILITARY SERVICE RECORD**

Have you had any experience in the Armed Forces of the United States of America or in a State National Guard that is directly related to the position you are applying for?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what branch? \_\_\_\_\_ Rank at discharge \_\_\_\_\_

Date of discharge: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

List jobs/positions held in the last 10 years. List your present employment first. List every promotion as a new job. This is a short information section to help guide interviewers. We will rely on your resume for more detailed information on your past employment.

May the Village of Franklin contact your current employer? Yes \_\_\_\_\_ No \_\_\_\_\_

**Most recent/Current Employer:**

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Supervisor Name /Title: \_\_\_\_\_

Dates Employed (Month & Year) From \_\_\_\_\_ To \_\_\_\_\_

Your Salary: Start \_\_\_\_\_ Final \_\_\_\_\_

Reason for Leaving or Considering Other Employment \_\_\_\_\_

Work Performed:

**Next Employer**

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Supervisor Name /Title: \_\_\_\_\_

Dates Employed (Month & Year) From \_\_\_\_\_ To \_\_\_\_\_

Your Salary: Start \_\_\_\_\_ Final \_\_\_\_\_

Reason for Leaving or Considering Other Employment \_\_\_\_\_

Work Performed:

**Next Employer**

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Supervisor Name /Title: \_\_\_\_\_

Dates Employed (Month & Year) From \_\_\_\_\_ To \_\_\_\_\_

Your Salary: Start \_\_\_\_\_ Final \_\_\_\_\_

Reason for Leaving or Considering Other Employment \_\_\_\_\_

Work Performed:

## VILLAGE OF FRANKLIN WAIVERS AND ACKNOWLEDGMENTS

1. I authorize the references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and any pertinent information they may have, including disclosure of any disciplinary reports (even if more than four years old) a release all parties from any liability for any damages that may result from furnishing same to you. I further authorize you to release such information when such information may be requested by any prospective or subsequent employers without the need to provide me any notice of such disclosure.
2. I authorize this company to investigate all statements contained in this application, including disciplinary records of any former employers, police departments, and other references or sources concerning me. I authorize all references and sources (and the company) to release this information without liability for damage incurred in giving it. I waive any written notice of the release of records that may be required by state or federal law. I authorize the Village of Franklin to investigate all statements contained in this application, including disciplinary records of any former employers, police departments, background checks, credit reports and other references or sources concerning me. I authorize all references and sources (and the company) to release this information without liability for damage incurred in giving it. I waive any written notice of the release of records that may be required by state or federal law.
3. I affirm that the information provided on this application (and accompanying resumé, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date
4. I understand that the use of this application does not indicate that there are positions available, nor does it imply or create an employment contract. I understand that the only employment contracts are those specifically authorized by Franklin Village Council that have been reduced to writing and have been executed by both the employee and an authorized representative of the Village of Franklin. Accordingly, I understand that no employment contract, either expressed or implied, for any period, is created hereby should the Village of Franklin hire me.
5. If hired, I understand that my employment is at-will (just cause for union employees) and can be terminated at any time, with or without notice, for any reason at the option of either the Village of Franklin or me. Should the Village of Franklin hire me, I agree to observe all the Village's policies, practices, and procedures currently in

existence and new and revised ones that may be issued in the future.

6. I understand that any employment offer is conditional upon the result of the drug-screening test, post offer pre-employment medical examination and background investigation (when applicable based on the position applied for).
7. I understand that if I have a physical, mental or other impairment that would interfere with my ability to perform in a position but that may be accommodated by, for instance, the purchase of equipment or devices, the provision of readers or interpreters, or the restructuring or altering of work schedules, the Michigan Persons With Disabilities Civil Rights Act requires me to notify the Village Administrator in writing of need for accommodation within 182 days after I knew or should have reasonable have known that the accommodation was needed.

8. I agree that any lawsuit against the Village arising out of my employment or termination of employment including but not limited to, claims arising under the State or Federal Civil Rights statutes must be filed within six (6) months of the event giving rise to claims or be forever barred. I waive any limitations period to the contrary. For circumstances in which the statutory period of limitation is less than six (6) months, the statutory limit will apply.

I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF EACH OF THE ABOVE SIX (6) INDIVIDUAL STATEMENTS AS INDICATED ABOVE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**DISCLOSURE AND AUTHORIZATION  
UNDER THE FAIR CREDIT REPORTING ACT**

This Document constitutes notification that for employment purposes only, the Village of Franklin may obtain a consumer report including a criminal background, driver’s license check, and/or credit check for the purpose of evaluating you for possible hire, promotion, transfer, retention, and/or reassignment as an employee.

Employee/Applicant hereby authorizes the Village of Franklin to procure any and all such consumer reports.

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Applicant Signature

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Printed Name of Applicant

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Date

**FRANKLIN POLICE DEPARTMENT  
AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize any police officer or other authorized representative of the Franklin Police Department bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit or educational records including, but not limited to academic achievement, attendance, athletic background, personal history, disciplinary records and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Franklin Police Department. Consent is granted for the Franklin Police Department to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, and any school, college, university or educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including it officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at the time result to me, my heirs, family or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my social security number on a voluntary basis with the understanding such is not required by federal statute or regulation. I have been advised the Franklin Police Department will utilize this number only to facilitate the location of employment, military, credit and educational records concerning me in connection with this application. Should there be any question as to the validity of the release, you may contact me as indicated below.

Full Name: \_\_\_\_\_  
(Signature)

Full Name: \_\_\_\_\_  
(Typed or printed name)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_ Current Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Witness: \_\_\_\_\_