



32325 Franklin Road, Franklin, Michigan 48025

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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, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap or any other protected category.

YOU MUST ANSWER ALL QUESTIONS COMPLETELY AND TRUTHFULLY. FAILURE TO DO SO WILL RESULT IN REJECTION OF YOUR APPLICATION AND YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT, OR IF NOT DISCOVERED UNTIL A LATER DATE, MAY RESULT IN DISCIPLINE OR DISCHARGE FROM EMPLOYMENT.

Position applied for: _____

Name: _____
Last First Middle

Address: _____
Street City State

Home telephone: _____ Cell: _____

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 _____

If Yes, please provide name of relative: _____

VILLAGE OF FRANKLIN APPLICATION FOR EMPLOYMENT CONTINUED

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

Will you submit to 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 fired? Yes _____ No _____

If Yes, give date, where you worked and explanation: _____

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 or occupation for which you have applied?

Yes _____ No _____

VILLAGE OF FRANKLIN APPLICATION FOR EMPLOYMENT CONTINUED

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: _____

Degree(s)/ Certificate(s): _____

Major/Minor: _____

Describe any specialized training, apprenticeships, internships, skills, licenses, certificates, and extra-curricular activities that pertain to the position for which you are applying: _____

VILLAGE OF FRANKLIN APPLICATION FOR EMPLOYMENT CONTINUED

List professional trade, business group memberships, offices held and volunteer work. You may exclude groups that would reveal race, color, sex religion, national origin, age, height, weight, marital status, veteran status, handicap or any other protected class.

REFERENCES: (Do not include relatives or former employers)

Name	Address	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: _____

VILLAGE OF FRANKLIN APPLICATION FOR EMPLOYMENT CONTINUED

EMPLOYMENT HISTORY

1. _____

Employer	Hire Date/ End Date	Work Performed	
Address	City/State	Zip Code	Telephone
Job Title			
Supervisor Name			
Reason for leaving/reason for seeking other employment			

2. _____

Employer	Hire Date/ End Date	Work Performed	
Address	City/State	Zip Code	Telephone
Supervisor Name			
Reason for leaving/reason for seeking other employment			

3. _____

Employer	Hire Date/ End Date	Work Performed	
Address	City/State	Zip Code	Telephone
Job Title			
Supervisor Name			
Reason for leaving/reason for seeking other employment			

VILLAGE OF FRANKLIN APPLICATION FOR EMPLOYMENT CONTINUED

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) And 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 understand that the use of this application does not indicate that there are positions available, no does it imply or create an employment contract. I understand that the only employment contracts are those specifically authorized by Franklin Village management 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.
3. 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.
4. 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).
5. 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 City 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.

VILLAGE OF FRANKLIN APPLICATION FOR EMPLOYMENT CONTINUED

6. 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

VILLAGE OF FRANKLIN APPLICATION FOR EMPLOYMENT CONTINUED

**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.

Applicant Signature

Printed Name of Applicant

Date

VILLAGE OF FRANKLIN APPLICATION FOR EMPLOYMENT CONTINUED

**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: _____