

**CHARTER TOWNSHIP OF COMMERCE
APPLICATION FOR EMPLOYMENT**

Please Print All Information

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT. ALL TIMES MUST BE ACCOUNTED FOR WHETHER EMPLOYED OR NOT. ATTACH AN ADDITIONAL SHEET IF NECESSARY.

NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		HOW WAS POSITION OBTAINED	DESCRIBE IN DETAIL THE WORK YOU DID AND YOUR TITLE	WEEKLY START SALARY	WEEKLY END SALARY	REASON FOR LEAVING	NAME, TITLE AND PHONE NUMBER OF YOUR SUPERVISOR
	MO	YR	MO	YR						

Describe in detail any specialized training, computer or office equipment skills, certifications, licenses or on-the-job training programs you have completed:

Licenses and certifications:

Please list any licenses or certifications held and the dates obtained: (CDL, Skilled Trade Licenses, etc.)

1: _____ 4: _____

2: _____ 5: _____

3: _____ 6: _____

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Craft Related Experience:

Please list the years of work experience you have in any of the following.

BACKHOE	FRONT END LOADER	MOTOR GRADER	RAKER
CARPENTER	GLASIER	OILER	ROLLER
CRANE	IRONWORKER (REINF.)	PAINTER	SCRAPER
DOZER	IRONWORKER (STR.)	PAVING MACHINE	SURVEYING
ELECTRICIAN	LABORER (SEMI-SKILLED)	PILEDRIVER	TRACTOR
FINISHER (PAVING)	LABORER (UNSKILLED)	PIPELAYER	TRUCK DRIVER
FINISHER (STRUCTURE)	MASON	PLANT OPERATOR	SINGLE AXLE
			TANDEM AXLE
			WELDER

PERSONAL REFERENCES

Name: _____ Company: _____ Phone: ____ / ____ / _____

Address: _____ Relationship: _____

City / State / Zip: _____

Name: _____ Company: _____ Phone: ____ / ____ / _____

Address: _____ Relationship: _____

City / State / Zip: _____

Name: _____ Company: _____ Phone: ____ / ____ / _____

Address: _____ Relationship: _____

City / State / Zip: _____

**CHARTER TOWNSHIP OF COMMERCE
APPLICANT'S STATEMENT AND CONDITIONS OF EMPLOYMENT**

(Please read carefully before signing)

"I understand that an investigative consumer report involving information concerning my character, employment history, general reputation, police record, personal habits, mode of living, credit and indebtedness may be obtained prior to any final offer of employment. Upon timely written request to the personnel department of the company, the nature and scope of the report will be disclosed to me."

"I certify that the answers given by me in this employment application are true, correct and complete. I agree that the company shall not be liable, in any respect, if my employment is terminated because of misstatements or pertinent omissions made by me in this application. Moreover, I understand that all offers of employment are contingent upon passing the company's prescribed physical examination and drug screen."

"I agree, as a condition of my employment (should I be employed by the Company), to submit to a medical examination if requested and based on the position that I accept or urinalysis test if requested and paid for by the company I further agree to the search or examination of myself or personal property while on the company's premises or while conducting its business elsewhere, I also authorize any company, school, police or security personnel, or other person to give any information regarding my employment, habits, ability, or any other characteristics whatsoever, together with any information they have regarding me whether or not it is in their records. I hereby release all physicians, examiners, companies, schools, or other persons from liability for any damages whatsoever for such testing, examining, or issuing this information. It is agreed and understood that completion of this application does not mean a job opening exists and in no way obligates the company to employ me."

"In the event of employment, I will comply with all company rules and regulations as established from time to time including the company's substance abuse policy. I am willing to work all assigned overtime or other special work assignments as requested by the company. Furthermore, since the company does not offer contracts of employment (unless signed by the President), I understand that nothing contained herein is intended to create a contract between the company and me for either employment or the provision of any compensation or benefits. I understand that I have the right to terminate my employment at any time and likewise, the company has the same right."

"I hereby understand and acknowledge that any employment relationship with this Company is of an "At-Will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time, with or without notice, with or without cause. It is further understood that this "At-Will" employment relationship may not be changed by any written document or by verbal agreement unless such change is specifically acknowledged in writing by an authorized Executive of the Company. I also understand that Charter Township of Commerce retains the right to amend, modify, add or delete any or all policies or procedures at its sole and absolute discretion."

"During my employment with Charter Township of Commerce, and after my employment ends, I agree not to disclose any confidential or proprietary information regarding operation and trade secrets. I further agree that with respect to any civil litigation involving Charter Township of Commerce, in which I am a potential witness and which does not involve an actual or potential claim by me personally, I will not discuss the facts of the case with any third parties without first notifying Charter Township of Commerce, or unless a representative or attorney of Charter Township of Commerce, is present. A copy of this form may be used as the original. The use of results from this form and/or tests will be used for prudent employment decisions."

This application is valid for sixty days from the application date unless renewed in person or in writing.

SIGNATURE OF APPLICANT: _____ DATE: ____ / ____ / ____

Section 4. Payment Method (Payment or credit card billing information must be included.)

The cost for each driving or vehicle record is \$7.00. For each certified record, the cost is \$8.00.

All requests that return a result of "No record found" **will incur a charge.**

<input type="checkbox"/> Check or Money Order (Payable to "State of Michigan")		<input type="checkbox"/> Certified record needed (<i>\$1.00 additional per record</i>)	
Name on Credit Card (PLEASE PRINT)		Credit Card <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Credit Card Account Number		Expiration Date	
<p>If paying by credit card, I authorize charging the total amount on my account.</p> <p>X _____ / ____ / ____ Signature of Cardholder Date</p> <p>I certify that I am requesting my own record.</p> <p>X _____ / ____ / ____ Signature of Requestor – form must be signed or request will not be processed. Date</p>			

Section 5. Special Mailing InstructionsIf you want your record(s) sent to another person or to a company, complete this section. Your record will be sent as you direct. A copy will **not** be sent to your address of record.

Please send my record(s) to the following address (if same as on the front, leave this section blank):

Name	Attention (if required)	
Mailing Address		
City	State	Zip

Explain the reason you need the record(s) sent to another person or to a company:

I hereby request that the Michigan Department of State provide information about me to the designee listed above.

X _____ / ____ / ____
Signature of Requestor – form must be signed or request will not be processed. Date

Warning: Under Michigan law, a person who makes a false representation or false certification to obtain personal information or who uses personal information for a purpose other than a permissible purpose identified in the Michigan Driver Privacy Protection Act (DPPA, 1997 PAs 99 - 102, as amended) is guilty of a felony, which may be punishable by imprisonment of up to 15 years, or a fine of up to \$15,000, or both.

Mail your completed request with payment or credit card information to:

**Michigan Department of State
Record Lookup Unit
7064 Crowner Drive
Lansing, Michigan 48918-1540**

Call **517.322.1624** for help in completing this form.Completed requests may be faxed to **517.322.1181**. For fax requests, **payment must be charged to a credit card account.**

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www.Michigan.gov/sos

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