

WHITEFISH TOWNSHIP
AT-WILL EMPLOYMENT APPLICATION

Whitefish Township is an Equal Opportunity Employer and will not discriminate against any applicant on the basis of any characteristic that is protected by State or Federal law. Michigan law requires that a person with a disability or handicap require any accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known. Federal law has no such requirement.

Position applying for: _____

Date of Application: _____

Date available to start: _____

PLEASE NOTE THAT THIS APPLICATION WILL ONLY REMAIN ACTIVE FOR THREE (3) MONTHS AFTER WHICH THE APPLICANT WOULD NEED TO RE-APPLY.

Name:

Last	First	Middle Initial
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Driver's License Yes No State: _____ DL#: _____

Current Address:

Street	City	State	Zip	Permanent Address:
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Street	City	State	Zip
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Telephone Number: Home: (____) _____ Work: (____) _____

Cell: (____) _____

Email:

Are you 18 years or older? C] Yes No

Are there any hours or days of the week you cannot work? [2 Yes No

If yes, when?

Type of Employment desired Full-time Part-time Seasonal

Have you ever worked for or applied to Whitefish Township before? C Yes C No

If yes, when?

Position:

Under what name?

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References: Provide the names and contact information of three (3) individuals not related to you, who you have known for at least one (1) year

NAME	ADDRESS & TELEPHONE	RELATIONSHIP	YEARS KNOWN

Emergency Contact Information:

NAME	ADDRESS & TELEPHONE

Current and Most Recent Former Employers (most recent one first):

DATE MONTH/ YEAR	NAME/ADDRESS/PHONE # OF EMPLOYER	SALARY: STARTING/ ENDING	LAST POSITION HELD/RESPONSIBILITIES	REASON FOR LEAVING

From:				
To:				
From:				
To:				
From:				
To:				

May we contact the employers listed? Yes No
 If not, which one(s)?

