



Allendale
CHARTER TOWNSHIP

APPLICATION FOR EMPLOYMENT

ALLENDALE CHARTER TOWNSHIP

Human Resource Department
6676 Lake Michigan Drive
Allendale, MI 49401
hr@allendalemi.gov

**We are an Equal Opportunity Employer and
committed to excellence through diversity.**

Please complete each line by printing in blue ink or typing. The application must be fully completed to be considered for employment. Please answer each question, even if you attach a resume. Please do not refer to your resume.

PERSONAL INFORMATION

Last Name	First Name	M.I.
Street Address and/or Mailing Address		
City	State	Zip Code
Home Telephone Number:	Preferred Contact No.:	☐ Home ☐ Cellular
Cellular Telephone Number:	Preferred Contact Time:	☐ 8 a.m. to 12 p.m. ☐ 12 p.m. to 6 p.m.
Email Address:		
Position Applied For:		Date of Application:
Salary / Wage Desired:		Date Available for Work:
Type of Employment Desired: ☐ FT ☐ PT ☐ POC Firefighter ☐ Temp. ☐ Seasonal ☐ Intern ☐ Volunteer		
Will you work overtime if required? ☐ Yes ☐ No		
Have you filed an application for employment with Allendale Charter Township previously? ☐ Yes ☐ No		
If yes, when? For what position?		
Were you ever employed by the Allendale Charter Township previously? ☐ Yes ☐ No		
If yes: Position Department Dates		
Have you ever been employed under a name other than the name you use now? ☐ Yes ☐ No		
(Note: For employment verification purposes only.)		
If yes, please state the name:		
How did you learn about this position?		

GENERAL INFORMATION

Are you 18 years of age or older? ☐ Yes ☐ No

Are you authorized to work in the United States on an unrestricted basis? ☐ Yes ☐ No
(Note: Employment is contingent upon verification and proof of U.S. citizenship or immigration status.)

Do you have any relatives working for the Township, or who are elected officials of the Township? ☐ Yes ☐ No
If yes, who? _____

Are you currently on a job lay-off? ☐ Yes ☐ No If yes, are you subject to recall? ☐ Yes ☐ No

Have you ever been discharged from, or asked to resign from, a job? ☐ Yes ☐ No

If yes, by whom? _____ When? _____

Please explain: _____

Have you ever been convicted of or pleaded guilty or nolo contendere to a felony offense? ☐ Yes ☐ No

If yes, please state: _____
Conviction Date Name of Offense(s) State

Please explain: _____

(Note: A conviction record will not necessarily be a bar to employment. The Township will consider other relevant factors, such as the age and time of the offense, the seriousness and nature of the offense, rehabilitation efforts, etc. Untruthful answers will result in the candidate no longer being considered for employment.)

EDUCATIONAL / TRAINING BACKGROUND

	Name of School Address, City, and State	Did you graduate?	Credits earned	Degree or Certificate received	Course(s) of Study
High School or Equivalent		☐ Yes ☐ No		N/A	
Vocational / Technical		☐ Yes ☐ No			
College		☐ Yes ☐ No			
Graduate		☐ Yes ☐ No			
Other		☐ Yes ☐ No			

EDUCATIONAL / TRAINING BACKGROUND (continued)

List special accomplishments, publications, awards (Please exclude information which would reveal sex, race, religion, national origin, age, handicap, color, marital status, or any other protected status):

List professional, trade, business or civic associations and any offices held (Please exclude information which would reveal sex, race, religion, national origin, age, handicap, color, marital status, or any other protected status):

Describe any specialized training, apprenticeships, internships, skills, licenses, certificates, and extra-curricular activities that pertain to the position(s) for which you are applying (Please exclude information which would reveal sex, race, religion, national origin, age, handicap, color, marital status, or any other protected status):

MILITARY SERVICE

Have you ever served in the Armed Forces, National Guard, or Military Reserves? ☐ Yes ☐ No

Branch of Service: _____ Active Duty from: _____ to _____

Nature of Duties: _____

Rank at Discharge: _____ Date of Discharge: _____

Were you honorably discharged? ☐ Yes ☐ No

(Note: A dishonorable discharge is not an absolute bar to employment. The Township will consider other relevant factors prior to making its final decision to hire or not hire.)

DRIVING INFORMATION

Your answers to the questions in this section will be considered only if required for the position for which you are applying.

Do you have a valid driver's license? ☐ Yes ☐ No

Driver's License No. _____ Issuing State: _____

Commercial Driver's License (CDL) No. (if applicable): _____

Types of CDL Endorsements: _____

EMPLOYMENT HISTORY

List all your employers, assignments, or volunteer activities, **starting with your most recent employer**. Include military experience. If you need more space, use an extra sheet of paper.

1	Company Name:	Immediate Supervisor:	Dates Employed: From: _____ To: _____
	Address:	Job Title and Responsibilities:	☐ Full-time ☐ Part-time Hours per week: _____
	Telephone:	# of Employees Supervised:	Reason for Leaving:
	May we contact this employer for reference? ☐ Yes ☐ No If no, please explain:		
2	Company Name:	Immediate Supervisor:	Dates Employed: From: _____ To: _____
	Address:	Job Title and Responsibilities:	☐ Full-time ☐ Part-time Hours per week: _____
	Telephone:	# of Employees Supervised:	Reason for Leaving:
	May we contact this employer for reference? ☐ Yes ☐ No If no, please explain:		
3	Company Name:	Immediate Supervisor:	Dates Employed: From: _____ To: _____
	Address:	Job Title and Responsibilities:	☐ Full-time ☐ Part-time Hours per week: _____
	Telephone:	# of Employees Supervised:	Reason for Leaving:
	May we contact this employer for reference? ☐ Yes ☐ No If no, please explain.		

REFERENCES

Please identify three individuals, not related to you and who are not a previous supervisor, who have knowledge of your experience and qualifications for the position for which you are applying.

1	Full Name and Mailing Address:	Employer / Company:	Business or Occupational Telephone:
	Email Address:	Job Title / Position:	Years Acquainted:
2	Full Name and Mailing Address:	Employer / Company:	Business or Occupational Telephone:
	Email Address:	Job Title / Position:	Years Acquainted:
3	Full Name and Mailing Address:	Employer / Company:	Business or Occupational Telephone:
	Email Address:	Job Title / Position:	Years Acquainted:

MISCELLANEOUS

Briefly set forth why you desire employment with the Township.

EMPLOYEE CERTIFICATION AND ACKNOWLEDGMENT

I certify the facts set forth in this Application for Employment and in any other materials I have submitted to the Allendale Charter Township (the "**Township**") are true and complete. I understand that false statements, omissions, or misrepresentations of any kind may result in the revocation of any offer of employment I may receive, or in my dismissal from employment. I agree that I must commence any action or suit relating to my employment, or the Township's failure to offer me employment, within 180 days from the date of termination of my employment, or, if I am not hired, within 180 days within the date of my application, and I agree to waive any statute of limitations of longer duration.

APPLICANT:

_____ (Print Name)

_____ (Signature)

_____ (Date)

For Office Use Only:

Received by: _____

Date: _____



Workplace Accommodations Notice

Allendale Charter Township (the “**Township**”) provides equal employment opportunity for all persons regardless of race, religion, color, sex, height, weight, marital status, national origin, age, disability, or any other classification protected by federal, state, or local law.

The Township will make reasonable accommodations for known physical or mental disabilities of an applicant or employee, as well as known limitations related to pregnancy, childbirth, or a related medical condition, such as lactation, unless the accommodation would cause an undue hardship. Among other possibilities, reasonable accommodations could include:

- Acquisition or modification of equipment or devices;
- More frequent or longer break periods or periodic rest;
- Assistance with manual labor; or
- Modification of work schedules or job assignments.

Employees and job applicants have a right to be free from unlawful discrimination and retaliation. For this reason, the Township will **not**:

- Deny employment opportunities on the basis of a need for reasonable accommodation;
- Deny reasonable accommodation for known limitations, unless the accommodation would cause an undue hardship;
- Take an adverse employment action, discriminate, or retaliate because the applicant or employee has inquired about, requested, or used a reasonable accommodation;
- Require an applicant or an employee to accept an accommodation that is unnecessary; or
- Require an employee to take family leave or any other leave, if the employer can make reasonable accommodations instead.

Disabled applicants and employees may request an accommodation by notifying the Township of the need for accommodation within 182 days of the date the person knows or should know that an accommodation is needed. Failure to properly notify the Township will preclude any claim that the Township failed to accommodate the disabled individual. To request an accommodation or to discuss concerns or questions about this notice, please contact the Township’s Human Resource Department, at hr@allendalemi.gov.

By signing below, I affirm that I have read and understand this Workplace Accommodations Notice, including the proper procedure for requesting an accommodation.

Name (Print)

Signature

Date

For Office Use Only:

Received by: _____
Date: _____



At-Will Employment Acknowledgment Form

I acknowledge that any employment I may have with Allendale Charter Township (the “**Township**”) is/will be an at-will employment relationship that has no specific duration. This means that, should I become employed with the Township, I can resign my employment at any time, with or without reason or advance notice, and that the Township has the right to terminate my employment at any time, with or without reason or advance notice.

I also acknowledge that no Township employee, Board Member, officer, and/or agent of the Township, other than the Township Board, has the authority to promise or agree to any substantive terms or conditions of employment different from those stated in the written guidelines and policies contained in the Township’s Personnel Policy Handbook. I understand that any different employment arrangement entered into by the Township must be clearly stated in writing, and signed by the Township’s Supervisor.

By signing below, I affirm that I have read and understand this At-Will Employment Acknowledgment Form.

Name (Print)

Signature

Date

For Office Use Only:

Received by: _____

Date: _____



Drug-Free and Alcohol-Free Workplace Notice

Allendale Charter Township (the “**Township**”) is committed to providing a healthy, safe, drug-free and alcohol-free workplace for all employees and other individuals in our workplace. We recognize that alcohol or marijuana use, and the use of illegal drugs, could pose a threat to these goals.

In furtherance of the Township’s goals, the Township strictly prohibits the illicit use, possession, dispensation, distribution, or manufacture of alcohol and controlled substances in the workplace under its Drug-Free and Alcohol-Free Workplace Policy. Any employee who violates this policy may be referred for counseling or rehabilitation and may, in addition, be subject to disciplinary action, including suspension or termination of employment.

Any individual who conducts business for the Township, applies for a position with the Township, or conducts business on the Township’s property is covered by the Township’s Drug-Free and Alcohol-Free Workplace Policy. This policy is provided to all new employees under the Township’s new hire orientation procedures and is otherwise available in its entirety upon request by any applicant or other individual.

In summary, the Township’s Drug-Free and Alcohol-Free Workplace Policy addresses the substances and activities which are prohibited in the workplace, and provides that screening tests will be required for all applicants who have received conditional offers of employment. This testing will be paid for by the Township, and must be completed before the new employee begins work with the Township. Employees of the Township may also be subject to additional screening tests, such as after an on-the-job accident, or based upon the Township’s reasonable suspicion that an employee is using or has used drugs or alcohol in violation of the Township’s policy.

I certify that I have received, read, and understand the Township’s Drug-Free and Alcohol-Free Workplace Notice, and have had it explained to me, along with the opportunity to review the policy in its entirety upon my request. I understand that I may be asked to complete a screening test, and that my failure to comply with such request, or a positive result, may lead to sanctions as set forth in the Notice and the Township’s Drug-Free and Alcohol-Free Workplace Policy, up to and including termination of employment.

Name (Print)

Signature

Date

For Office Use Only:

Received by: _____

Date: _____

Drug and Alcohol Testing Consent Form

I hereby agree, upon request made under the Drug-Free and Alcohol-Free Workplace Policy of the Allendale Charter Township (the “**Township**”), to submit to a drug and/or alcohol test and to furnish a sample of my urine, breath, hair, saliva, and/or blood for the purpose of testing for the presence of alcohol, marijuana, or other controlled substances. I understand and agree that if I at any time refuse to submit to a screening test under the Township’s policy, or if I otherwise fail to cooperate with the testing procedures in any way, my application for employment will be immediately rejected, or my employment will be subject to immediate termination if I have already been hired.

I hereby knowingly and voluntarily authorize the Township to send the specimen or specimens so collected to a laboratory or other testing facility that the Township designates for a test to screen for the presence of any such detectable substances. I also agree and hereby authorize any laboratory or other testing facility the Township may designate to release all documentation relating to such test to the Township, the Township’s agents, and any governmental entity involved in a legal proceeding or investigation connected with the test. I understand that the Township will utilize the results of the screening test to determine my eligibility for employment or continued employment, and that the current use of such prohibited substances may subject me to discipline, up to and including denial of employment or termination.

I agree to hold harmless the Township, its physicians, and any laboratory or testing facility the Township may designate, as well as their respective officers, directors, employees, and agents, from any and all claims, damages, losses, liabilities, costs and expenses, including attorney’s fees, arising from or relating to collecting samples, testing such samples for the presence of the identified substances, and disclosing my test results, including without limitation the disclosure of any inaccurate or incomplete results to the fullest extent permitted by law. This means I agree not to sue or hold responsible any such parties for any alleged harm to me, in any form, that might result from a screening test. Harm includes termination of employment or any other kind of adverse employment action that may arise as a result of the test.

I understand and expressly agree that the Township reserves the right to require me to submit to a drug test under this policy at any time, including whenever I am involved in a workplace accident or injury or if I exhibit behavior in the workplace under circumstances that reasonably suggest the possible involvement or influence of alcohol or drugs as the cause of an accident, injury, or behavior.

I have carefully read this consent form and affirm that I fully understand its contents. I acknowledge that my signature below reflects that I voluntarily agree to be tested for the presence of prohibited substances.

Name (Print)

Signature

Date

For Office Use Only:

Received by: _____

Date: _____



Physical Examination Consent and Release

NOTICE: TO BE COMPLETED BY EMPLOYEES APPLYING FOR A FIREFIGHTER POSITION ONLY.

To protect the health and safety of employees and the public, comply with federal and state laws, and ensure that new hires are physically able to perform the essential functions of positions for which they are being considered, Allendale Charter Township (the “**Township**”) requires all new hires in certain positions to undergo physical examinations as a condition of employment. Physical examinations are mandatory only for those jobs that require specific physical abilities of fitness levels to perform. The Township retains the right to revoke conditional offers of employment when the physical examination indicates a new hire cannot safely perform the job, even with reasonable accommodation.

By signing below, I hereby agree to undergo a physical examination performed by a doctor, medical center, hospital, laboratory, or medical worker selected by the Township if the position for which I am applying requires such examination as a condition of my employment. I also authorize the Township or its representatives to receive all medical records and tests related to this physical examination that contain information relevant to my fitness and ability to perform, with or without reasonable accommodation, the essential functions of the position for which I am being considered. I acknowledge that if I do not complete this examination or the examination results indicate that I cannot physically perform the essential functions of the position, with or without a reasonable accommodation, the Township has the right to revoke any conditional offer of employment I may receive.

I also hereby release and discharge the Township, its representatives, and the designated medical personnel, agents, or authorized testing laboratories from any claims or potential liability relating to the physical or medical examination. I agree not to file or pursue any complaints, claims, or legal actions against the Township and its employees, representatives, or agents related to their activities or actions performed in connection with this physical or medical examination.

I have carefully read this consent and release form and affirm that I fully understand its contents. I acknowledge that my signature below reflects that I voluntarily agree to the terms and conditions stated herein.

Name (Print)

Signature

Date

For Office Use Only:

Received by: _____

Date: _____



Background Check Authorization and Release

I authorize the Allendale Charter Township (the "**Township**") to make an investigation of any of the facts set forth in this application and release the Township from any liability related to such investigation. I understand that the Township may, in its sole discretion, conduct or have conducted by an individual or entity of its choice, a criminal background history search on me for any past criminal convictions or pending felony charges. I hereby consent to this search being conducted and to the disclosure of the results of that search by the individual or entity conducting the search to the Township. I further hereby release the individual or entity conducting the search, the Township, and its employees, Board Members, officers, and agents, from any and all liability, claims and damages, including but not limited to, claims for releasing or using any information revealed as a result of this search.

Full Legal Name (Print)

Signature

Prior Aliases (if any)

Date

For Office Use Only:

Received by: _____

Date: _____



Consent to Obtain Driving Record and Release

In conjunction with my potential employment at Allendale Charter Township (the “**Township**”), I authorize the Secretary of State, State of Michigan, to release and forward to the Township any information pertaining to my driving record as in the possession of its offices. I understand the Township will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation, and other use of any motor vehicle records and related information I may have provided to the Township.

I agree to fully and completely release and forever discharge the named Secretary of State, its officers, directors, employees, agents, successors, representatives and assigns from any and all liability, claims, demands and causes of action of any kind whatsoever, including but not limited to, claims of personal injury, harm, defamation of character, claims of invasion of privacy, unauthorized release of personnel records and information, information that may lead to my wrongfully being denied employment, or if employed, my wrongful discharge, and employment discrimination, including age discrimination, arising directly or indirectly out of his/her/their decision to provide information to said entity, and of his/her/their having provided such information to the Township.

Full Legal Name (Print)

Driver’s License Number

Signature

Social Security Number

Date

For Office Use Only:

Received by: _____

Date: _____



Reference Check Consent and Release

I have applied for employment with the Allendale Charter Township (the “**Township**”) and have provided information about my current and/or previous employment. I authorize the Township to conduct a reference check with my present and/or previous employer(s). I understand that reference information may include, but not be limited to, verbal and written inquiries or information about my employment performance, professional demeanor, rehire potential, dates of employment, salary, and employment history.

My signature below authorizes my former or current employers and references to release information regarding my employment record with their organizations and to provide any additional information that may be necessary for my application for employment to the Township, whether the information is positive or negative. I knowingly and voluntarily release all former and current employers, references, and the Township, including their employees, agents, representatives and assigns, from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the Township.

I further authorize the Township to obtain feedback and references from my supervisors over the course of my employment with the Township, should I become employed with the Township. I understand that subsequent and continued employment with the Township may be subject to this feedback.

I understand and agree that a facsimile or electronic copy of this authorization and release will be as valid as the original.

Name (Print)

Signature

Date

For Office Use Only:

Received by: _____

Date: _____