

APPLICATION FOR EMPLOYMENT

Village of Wolverine Lake, An Equal Opportunity Employer. If applicable to Company, reasonable accommodation under the Americans with Disabilities Act will be provided as required by law.

Last Name	First Na	ame	Middle	Initial	Social Security	y Number:
Street Address	City/Sta	ate	Zip Co	de	Phone Number:	
If hired, can you provide evidence of legal eligibility to work in the U.S.?			Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.			
Position Desired:	Wage/Sala	ary Desired:	Full Time? Part Time?			
Have you ever been conv	victed of a c	rime? If so, when			offense:	
Have you ever been arres	sted? If so, v	when, where and n	ature of	offense:		
Are there any criminal cl	narges pend	ing against you? If	f so, plea	se explain:		
Name of high school atte	ended:	City & State		Graduate?	GED?	
Name of college or techn school:	nical	City & State		Graduate?	Degree?	Major:
Are you presently enrolle school?	ed in	If yes, give name	e & address of school and expected degree date:			
List any job-related skills	s or accomp	lishments, includi	ng milita	ry service:		

- Your Availability For Work -								
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
From:								
To:								
Total hours per week you are			Do you have	Do you have any special requests or needs for a work schedule?				
available to work:								
Date you can begin work:								
- Give Three References That Are Not Former Employers Who We May Contact -								
Name and Occupation		How do you know them, and for how long?			? Pho	ne Number		
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Your Employment History
List names of employers with present or last employer listed first. Please note if we may not contact your present employer until after you are offered a position.

Name of Employer:	Job Title:	
r	Duties:	
Address:	Dates of Employment:	
	From:	To:
City, State, Zip Code	Hourly pay or salary:	
•	Starting pay:	Ending pay:
Supervisor:	Reason for Leaving:	
Telephone:		
Name of Employer:	Job Title:	
	Duties:	
Address:	Dates of Employment:	
	From:	To:
City, State, Zip Code	Hourly pay or salary:	
-	Starting pay:	Ending pay:
Supervisor:	Reason for Leaving:	
Telephone:		
Name of Employer:	Job Title:	
	Duties:	
Address:	Dates of Employment:	
	From:	To:
City, State, Zip Code	Hourly pay or salary:	
	Starting pay:	Ending pay:
Supervisor:	Reason for Leaving:	
Telephone:		
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Signature:

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Date:

EMPLOYMENT AGREEMENT RELEASE FORM

I certify that the facts set forth in this Application of Employment, in my resume and in the other material I have submitted are true and complete.

I hereby authorize the Village of Wolverine Lake (hereinafter "the Employer"), to contact all my former and current employers, educational institutions and the other references I have provided regarding me and my performance record and work, academic and/or military experience. I also hereby release the Employer and its employees and agents, and all of my former and current employers, educational institutions, and the other references I have provided, from any and all liability and damages for releasing or using information concerning me and my performance record and work, academic and/or military experience. I also hereby waive any right under the Bullard-Plawecki Right to Know Act, 1978 PA 397, to receive written notice from the Employer or any former or current employer, that disciplinary reports, letters of reprimand, or other disciplinary action taken against me while employed, will be or have been disclosed to a third person or entity.

I also understand that the Employer may, in its sole discretion, conduct or have conducted by an individual or entity of its choice, a criminal background history search on me. 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 Employer. I further hereby release the individual or entity conducting the search, the Employer, and its employees 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. I also understand and acknowledge that false information provided by me or criminal arrests or convictions may result in disqualification from employment with the Employer or in dismissal from employment if an offer of employment has been made and accepted.

In consideration of my employment, and subject to any collective bargaining agreement applicable to me, I agree and understand that my employment and compensation can be terminated with or without cause, with or without notice, at either my option or at the option of the Employer, it being mutually understood and agreed that my relationship with the Employer is one of employment at will and no representative of the Employer, other than the Village Council, has any authority to enter into any agreement for employment for any period of time or to make an agreement contrary to the foregoing, and any such agreement must be in writing and signed by the President of the Village Council.

I hereby consent to having a physical examination and/or test(s), including but not limited to drug and/or alcohol testing, conducted by a physician or other professional of the Employer's choice; and understand that any offer of employment is conditioned upon the results of the examination(s) and/or test(s).

Subject to any collective bargaining agreement applicable to me, I agree not to commence any action or suit relating to my employment with the Employer more than 30 days after the date of termination of my employment, and waive any contrary statute of limitations.

If I am employed. I understand that additional personal data will be required for determination of

1 *	ity and for statistical purposes.	Sonar data will o	e required for determination	OI .
I will abide by	all policies, rules and regulations of	of the employer.		
Date	Driver's License No.		Date of Birth	
Print Name		Signature		