



21 E. Church Street  
 Lake Orion, MI 48362  
 248-693-8391  
 www.lakeorion.org  
 (An Equal Opportunity Employer)

## Application for Part-Time Employment

### Applicant Information

Position Applied For: _____		Date: _____	
Full Name: _____			
Last	First	M.I.	
Address: _____			
Street Address			Apartment/Unit #
City		State	ZIP Code
Email: _____		Cell Phone: _____	
Home Phone: _____			

Length of time at this address: \_\_\_\_\_  
 Previous addresses at which you have lived over the last ten (10) years, with most recent first, working back:  
 \_\_\_\_\_  
 \_\_\_\_\_

Emergency Contact			
Name & Address	Phone:	Cell:	

Date Available:	Social Security No.:	Desired Salary:\$
-----------------	----------------------	-------------------

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for the Village?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:		
Are there any pending charges against you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:		
Is there any additional information relative to a different name to check for work or other records?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:		
List any professional or trade licenses or certifications:					
List machines or special equipment that you can operate:					
Are there any other experiences, skills, or qualifications which you feel would especially qualify you for work with the Village of Lake Orion? (You may attach a resume.)					

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? 

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

 Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? 

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

 Degree (If NO, list credits earned): \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? 

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

 Degree: \_\_\_\_\_

## Personal References

*Please list three professional references (not former employers or relatives).*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

## Previous Employment (most recent first)

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities:

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? 

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities:  
 \_\_\_\_\_  
 \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? 

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities:  
 \_\_\_\_\_  
 \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? 

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Are you 18 years old or older?	<table border="1" style="width: 100%;"><tr><td>YES</td><td>NO</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	
YES	NO					
<input type="checkbox"/>	<input type="checkbox"/>					
Have you ever been dismissed from or asked to resign from any employment position?	<table border="1" style="width: 100%;"><tr><td>YES</td><td>NO</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	If yes, explain:  _____
YES	NO					
<input type="checkbox"/>	<input type="checkbox"/>					

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Disclaimer and Signature**

*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 understand and acknowledge that false information provided by me will result in disqualification from employment with the Village of Lake Orion (hereinafter "the Employer") or in dismissal from employment if an offer of employment has been made and accepted.*

*I hereby authorize 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 conviction-only 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 convictions will 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 representation 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 any 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 and/or psychological 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 this examination(s) and/or test(s).*

*Subject to the terms of 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 180 days after the occurrence of the facts giving rise to the claim, or more than 180 days of the date of my termination of such employment, whichever is earlier, and to waive any statute of limitations to the contrary.*

*If I am employed, I understand that additional personal data will be required for determination of benefit eligibility and for statistical purposes.*

*I will abide by all policies, rules and regulations of the Employer.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_