

References: Three Individuals not related to you, whom you have known for at least one year:

NAME	ADDRESS & TELEPHONE	RELATIONSHIP	YEARS ACQUAINTED
	Phone:		1-2 Years 3-5 Years 6+ Years
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	Phone:		1-2 Years 3-5 Years 6+ Years

Emergency Contact Information:

NAME	ADDRESS & TELEPHONE
	Phone:

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

DATE MONTH/ YEAR	NAME, ADDRESS, PHONE NUMBER OF EMPLOYER	SALARY: STARTING / ENDING	LAST POSITION HELD/RESPONSIBILITIES	REASON FOR LEAVING
From: To:	Phone:	From: To:		
From: To:	Phone:	From: To:		
From: To:	Phone:	From: To:		

May we contact the Employers listed?

Yes

No

If not, which one(s)? _____

I understand that, prior to being offered employment; I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will inform Kinross Charter Township prior to the administration of the test so that a reasonable accommodation can be made. Kinross Charter Township reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understanding that, if employed, falsified statements or omitted information on this application may result in termination.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice.

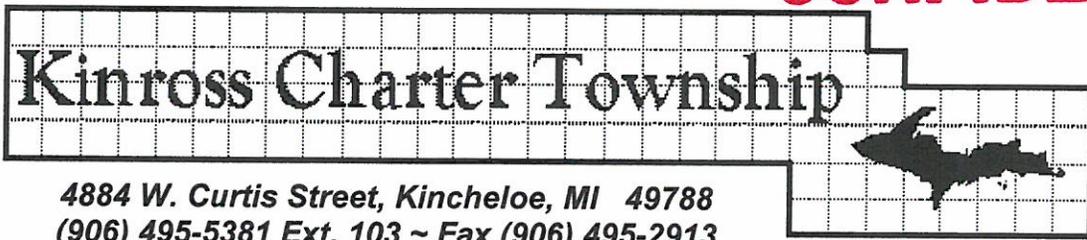
I authorize investigation of all statements contained in this application for any employment related purpose. I release the listed references and all employers, except those specifically excepted* to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you.

As a condition of employment, employees of Kinross Charter Township agree not to commence any action, claim, or suit relating to their employment with Kinross Charter Township more than 182 calendar days after the date the employee knew or should have known that a claim existed or later than the applicable limitations period established by statute, whichever is less.

Date

Signature

* Employers specifically excepted: _____



I, _____
 Print first name Middle name Last name

Authorize Kinross Charter Township to conduct a criminal history background check.

I also understand that my employment is contingent on passing a drug test, pre employment physical, Ichat check and driving record check and any new employment training if applicable.

Male Female

DEPT requesting Check _____

Date of Birth __ __/ __ __/ __ __

Drivers license number _____

STATE _____

 Signature

This form must be legible and filled out fully including spelling out the middle name. Any forms not legible or completed fully will be returned to the Dept requesting.