

**Angela Christensen**  
Clerk

**Timothy Hill**  
Treasurer

**Bernice Heidelberg**  
Trustee

**Don Sahloff**  
Trustee



**734-854-2416 Office**

**734-854-1817 Fax**

**Walter Ruhl**

*Whiteford Township Supervisor*  
P.O. Box 206, 8000 Yankee Road  
Ottawa Lake, Michigan 49267  
[supervisor@whitefordtownship.org](mailto:supervisor@whitefordtownship.org)

## **Job Application – Volunteers**

**Whiteford Township**  
**8000 Yankee Rd. Suite 100**  
**Ottawa Lake, Michigan 49267**

Whiteford Township is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by Local, State or Federal Law. Should an applicant need reasonable accommodation in the application process, he or she should contact a township representative.

*Please fill out all of the sections below.*

Name: \_\_\_\_\_

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

City, State & Zip Code: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of application: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Employment Position Being Sought – Please Note! This is an unpaid Volunteer Position**

\_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

Do you have reliable transportation for this position? \_\_\_\_\_

Are you legally eligible for employment in this country? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Personal Information**

Have you ever worked for Whiteford Township before? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, when and why did you stop working for Whiteford Township? \_\_\_\_\_

\_\_\_\_\_

Have you ever worked for another township in the past 5 years? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, when and why did you stop working for that township? \_\_\_\_\_

\_\_\_\_\_

Do you have friends, relatives or acquaintances working for Whiteford Township? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please give their names and relationship: \_\_\_\_\_

\_\_\_\_\_

Are you 18 years of age or older? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Will you consent to Mandatory Substance testing? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you have any condition that would require accommodation? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please describe your condition: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please state the nature of the crime(s), when and where convicted and the disposition of the case: \_\_\_\_\_

\_\_\_\_\_

*(NOTE, No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details, the surrounding circumstances and the relevance of the offense to the position(s) applied for may be considered.)*

**Job Skills And Qualifications**

Please list below the job skills and qualifications you possess:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Education and Training**

High School Name: \_\_\_\_\_

Location (City and State): \_\_\_\_\_

Year Graduated and Degree Earned: \_\_\_\_\_

College Name: \_\_\_\_\_

Location (City and State): \_\_\_\_\_

Year Graduated and Degree Earned: \_\_\_\_\_

Vocational School Name: \_\_\_\_\_

Location (City and State): \_\_\_\_\_

Year Graduated and Degree Earned: \_\_\_\_\_

**Military**

Branch: \_\_\_\_\_; Number of Years Served: \_\_\_\_\_

Rank and Year when Discharged: \_\_\_\_\_

Skills learned that apply to the position: \_\_\_\_\_

**Previous Employment**

On a separate paper, please list your last 5 jobs including: Company Name, Address, Phone Number, Supervisors Name, Job Title, Dates Employed and Reason for Leaving.

May we contact your prior employers? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Personal References**

Please provide three personal references including: Name, Address, Phone Number, and Relationship with the individual:

May we contact the listed references? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Applicant Statement**

I certify that all information I have provided in this Job Application is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public and private agencies (including but not limited to conducting a background check), licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, in seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any application from consideration for employment on a basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am an "at-will" employee and am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Whiteford Township Board of Trustees.

I agree and understand that it is the policy of the employer to maintain a drug-free work place. I consent to a pre-hire drug test, if requested. I understand that the employer has the right, upon reasonable suspicion, to demand that I immediately undergo testing for the presence of illegal or inappropriate drug usage at any time while I am an employee.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete Form I-9.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_