



**CHARTER TOWNSHIP OF SUPERIOR
PARKS & RECREATION DEPARTMENT
APPLICATION FOR EMPLOYMENT
(Please Print)**

Date: _____

Position applied for: _____

Name _____ SSN _____
 Last First Middle Social Security Number

Address _____ Phone _____
 Number Street City State Zip Code Area Code Number

We are proud of our diverse workforce and our commitment to being an equal opportunity employer for all. We do not discriminate on the basis of a person's actual or perceived race, color, sex, religion, sexual orientation, mental or physical limitations, Vietnam veteran status, age, condition of pregnancy, family responsibility, national origin, height, weight, marital status, gender identity or HIV status in any aspect of our hiring or employment process.

If you are applying for a position that requires driving, your driving record will be reviewed as part of the hiring process.

Drivers License Number _____ State of Issue _____

Commercial Driving License Endorsement(s) _____

EDUCATION

Type of School	Name of School	Location (City & State)	Major or Course	Years Attended	From (Mo/Yr) To (Mo/Yr)	Diploma or Degree
High School						
College						
Business or Trade						

Professional Licenses and Registrations (List States and Expiration Dates): _____

Professional Memberships: _____

Briefly describe additional education, experience, skills or qualifications you believe would quality you for the position for which you are applying: _____

EMPLOYMENT HISTORY

Have you ever been employed by the Charter Township of Superior? Yes No

If yes, Full Time Part Time Temporary/Seasonal

If yes, what Department _____ Dates _____

LIST EMPLOYERS BEGINNING WITH THE MOST RECENT

Please be accurate; this information will be verified

Employer	Date From	Date To	Salary Start	Salary Final
Telephone				
Address (City, State, Zip)				
Job Title	Supervisor			
Reason for Leaving	<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time	
Describe your Duties				
May we contact this employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If no, please explain		

Employer	Date From	Date To	Salary Start	Salary Final
Telephone				
Address (City, State, Zip)				
Job Title	Supervisor			
Reason for Leaving	<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time	
Describe your Duties				
May we contact this employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

Employer	Date From	Date To	Salary Start	Salary Final
Telephone				
Address (City, State, Zip)				
Job Title	Supervisor			
Reason for Leaving	<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time	
Describe your Duties				
May we contact this employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

PROFESSIONAL REFERENCES

Please list three professional references (other than relatives) you have worked with.

Name	Address	Title	Phone Number	Years Acquainted

CERTIFICATION OF ACCURACY

(PLEASE READ AND SIGN)

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I authorize the references listed above and former and/or current employer(s) to give you any and all information concerning my previous or current employment and any pertinent information that they may have, personal or otherwise, and release all parties from all liability for any damages, causes of action, including but not limited to slander and libel, that may result from furnishing any information to you. In consideration for employment, I agree to conform to the rules and regulations of the Employer and agree that my employment and compensation can be terminated, with or without cause, and with or without notice at any time, and my employment relationship is at will. I understand that no manager or representative of the Employer has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Signature of Applicant

Date

SUPERIOR CHARTER TOWNSHIP IS AN EQUAL OPPORTUNITY EMPLOYER

RELEASE AUTHORIZING CHECK OF APPLICANT'S CREDENTIALS

In consideration of the Charter Township of Superior's evaluation of my suitability for employment, I hereby authorize the Township to perform all checks of my credentials allowed by law, including but not limited to discussions with supervisors, coworkers, friends, business associates, or other individuals that the Township, in its sole discretion, believes may have relevant information regarding my suitability for employment. I further authorize the Charter Township of Superior to perform the following checks on my credentials: request of police and/or credit report, and such other checks as the Charter Township of Superior deems appropriate.

I agree not to assert any claims of causes of action of any kind against the Township, its agents, its employees, or any individual contacted by the Township, arising out of the Township's investigation. I further release and forever discharge the Township, its agents, its employees, and the individuals and companies contracted by the Township as part of its investigation, from any and all claims, demands, damages, actions, cause of action, or suits of any kind of nature whatsoever arising from the Township's investigation of my credentials. I acknowledge that the Township has made no representation of any kind as to whether employment will be offered at the conclusion of its investigation.

Printed Name of Applicant

Signature of Applicant

Date

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