For Township Clerk's Office Use Only:
Did not meet application/transcript deadline;
Did not meet the minimum qualifications;
Not selected for an interview;
Did not appear, or canceled interview;
Interviewed, not selected;
, Interviewed, selected;
Declined interview/position [circle one]
Date Notified: Initial:

GAINES TOWNSHIP APPLICATION FOR EMPLOYMENT

NAME: [Last Name]	Direct Named		[Middle Initial]
Social Security #:		License #	
Social Security #:	Diivers/Operators	FICCIISC #	,
Address: [Number] [Street]	[City]	[State]	[Zip Code]
Home Phone #:			
Position[s] you are applying for:			
_			
Have rous previously been employe	ed by Gaines Township?		
Have you previously been employed	-		
No Yes If Yes, whe	en?		
	en?		
No Yes If Yes, whe	om any position: No	Yes	
No Yes If Yes, whe Have you ever been discharged from	en? No om any position: No any felony or misdemeanor, nile offenses? No	Yes not includi Yes	ng
NoYes If Yes, whe Have you ever been discharged from If Yes, explain:Have you ever been convicted of a civil citations, but including juver. If Yes, explain in detail:	en? No om any position: No any felony or misdemeanor, nile offenses? No	Yes not includi _Yes	ng

Gaines Township Is An Equal Opportunity Employer. We Do Not Discriminate On The Basis of Religion, Race, Color, National Origin, Height, Weight, Marital Status, Age, Sex, or Disability. If you have a disability which impairs your ability to apply for a position, please be advised that the Township will, upon request, provide assistance in reading or completing the application, as needed.

EDUCATIONAL INFORMATION

V *	1	you luate	Name of School		e rec'd pected		Major or Concentration
5	No	Yes		Year	Month	earned	
High School							
Technical/ GED/Other							
College/ University Undergrad. BA/BS							
College/ University Graduate MA/MS							
Other [specify]	ĺ			1			
MCOLES Stati	us: _	Lic	ICANTS ONLY: ensed-Active	License	d-inactiv	/e* I	icense Expired
	MCOLES #:					ing Completed*	
Pre-service Graduate* Recognition of Prior Training Completed* *Date Eligibility for License Expires:							
Basic Training Academy or Program Completed: Date:							
MCOLES Written Test Completion Date:							
Band:							
MCOLES Phys	ical I	itnes	s Test Completion	Date: _			
			For Township Cl Criminal Ba				
			Driver's I	License	Check		
		Police Department Signature					

MILITARY SERVICE

Have you ever served in th	e Armed Forces of the Un	ited States?: No Yes
If Yes, what branch?		
1		то
Discharge:		
What were your duties in t		
		<i>.</i> ,
Special License[s] or Certif	<u>SPECIAL QUAL</u> icates:	<u>IFICATIONS</u>
Туре	Issued By	Expiration Date
List types of equipment you	can operate, including o	omputer and software capability:
REFERENCES (not relative		
Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:
Person to be notified in cas	e of emergen ov	
	-	Phone:
Ivaine.	Address:	Phone:
must be provided to the Agence 2. Understand that if I am offee 3. Certify that the information further understand that, if edischarge. 4. Authorize my previous ememployment with said previous 5. Acknowledge and agree that time, with or without cause understand that no oral states of my employment. 6. Acknowledge that non-priving request under the provisions.	ered employment, evidence of the contained in this application of the property of the contained in this application of the contained in this application of the contained in this application of the contained of the Freedom of Information.	of U.S. citizenship or U.S. permanent resident status as a physical examination and drug test. on is true to the best of my knowledge and belief, I ation of fact in this application may result in my ness Township any information with respect to my nship may request, including copies thereof. In the many request, including copies thereof, nent is "at will," and subject to termination at any ce, by either the Township or myself. I further will change, modify or amend that "at will" nature in this application may be publicly disclosed upon ation Act, unless I am able to demonstrate through the of this information represents an unwarranted
invasion of privacy.		k and Annual Driver's License Review.
	, vammai Dackground Chee	a and minual Dilvel 8 Dicelles Neview.
Signature of Applicant		Date

PAID EMPLOYMENT EXPERIENCE
Only information included on/or attached to this form will be considered. List most recent first

EMPLOYER:	ADDRESS:
JOB TITLE:	SUPERVISOR:
DATES OF EMPLOYMENT: From:	
Average Number of Hours Per Week:	
Specify reason for leaving [ie, discharge, la	y-off, resignation]:
Describe Duties:	
EMPLOYER:	•
JOB TITLE:	SUPERVISOR:
DATES OF EMPLOYMENT: From:	To:
Average Number of Hours Per Week:	<u> </u>
Specify reason for leaving [ie, discharge, la	y-off, resignation]:
Describe Duties:	
EMPLOYER:	
JOB TITLE:	SUPERVISOR:
DATES OF EMPLOYMENT: From: [Month/Y	To:
Average Number of Hours Per Week:	·
Specify reason for leaving [ie, discharge, la	y-off, resignation]:
Describe Duties:	
his/her completed background. To assist us in propresent any additional information relevant to emphobbies, volunteer work, etc., not covered above.]	nakes it difficult for an individual to adequately summari operly assessing your qualifications, use the space below sloyment with Gaines Township. [Include experience, skil