



Allouez Township, Keweenaw County, Michigan

102 Second Street – PO Box 64 – Mohawk, MI 49950

Phone: (906) 337-2302 Fax: (906) 337-2090 Email: inquiries@alloueztwp.com

Website: www.alloueztwp.com

APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION			
Last Name:	First Name:	Middle Name:	
Street Address:		Apartment/Unit #:	
City:	State:	Zip Code:	
Phone:	Email Address:	Social Security Number:	
Position Applied For:		Date Available:	Desired Salary:
Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		If no, are you authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever worked for Allouez Township? <input type="checkbox"/> YES <input type="checkbox"/> NO		If so, when?	
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, explain:	

EDUCATION			
High School:	From:	To:	
Address:	City:	State:	Zip Code:
Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO			

College/University:	From:	To:	
Address:	City:	State:	Zip Code:
Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree(s)/Certification(s):		

Other:	From:	To:	
Address:	City:	State:	Zip Code:
Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree(s)/Certification(s):		

Other Educational Information (Training, Certifications, Etc.):

REFERENCES

Full Name:	Relationship:
Employer:	Phone Number:

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PREVIOUS EMPLOYMENT

Company:	Supervisor:	Phone:	
Address:	City:	State:	Zip Code:
Job Title:	Starting Salary:	Ending Salary:	
Responsibilities:			
Worked From:	To:	Reason For Leaving:	
May we contact this employer for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Company:	Supervisor:	Phone:	
Address:	City:	State:	Zip Code:
Job Title:	Starting Salary:	Ending Salary:	
Responsibilities:			
Worked From:	To:	Reason For Leaving:	
May we contact this employer for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Company:	Supervisor:	Phone:	
Address:	City:	State:	Zip Code:
Job Title:	Starting Salary:	Ending Salary:	
Responsibilities:			
Worked From:	To:	Reason For Leaving:	
May we contact this employer for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

MILITARY SERVICE

Branch:		From:	To:
Rank At Discharge:	Type of Discharge:	If Other Than Honorable, explain:	

DISCLAIMER AND SIGNATURE

I certify that the information given is 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 have read and understand the job description of the position for which I am applying.

Signature: _____

Date: _____