



**COVERT TOWNSHIP
POLICE DEPARTMENT**
33805 M-140, PO BOX 6,
Covert, MI 49043
Phone: (269)764-8100
Fax: (269) 764-8925
Julian Allen, Chief of Police

**COVERT TOWNSHIP
FIRE & EMS**
33805 M-140, PO BOX 5, Covert,
MI 49043
Phone: (269) 764-1768
Fax: (269) 764-8225
Doug Myers, Fire Chief



APPLICATION FOR EMPLOYMENT

False, misleading statements or omission will be cause for rejection of this application or dismissal, after appointment. Please answer all sections, even if providing resume.

GENERAL INFORMATION

Name (Last, First, Middle Initial)	Home Phone	Work Phone	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Mailing Address	City	State	Zip Code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Email Address	Driver's License Number		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
Position Applying For	How did you learn about this position?		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		

Can you provide proof that you are eligible to work in the United States? Yes No

EDUCATION

School Name & Address	Years Attended	Graduated	Major/Degree
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input style="width: 95%;" type="text"/>

CERTIFICATIONS/TRAINING

Certification/Course	Date Completed MM/YY	Certification/Course	Date Completed MM/YY

EMPLOYMENT HISTORY

(Start with most recent job – include armed forces service, self-employment and internships)

Employer	Telephone No.	Supervisor's Name	
Type of Business	Address		
Job Title	Dates Employed MM/YY From: <input type="text"/> To: <input type="text"/>		Avg. Hours Worked per Week <input type="text"/>
Duties:			
Monthly Salary	Reason for Leaving		
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			
Employer	Telephone No.	Supervisor's Name	
Type of Business	Address		
Job Title	Dates Employed MM/YY From: <input type="text"/> To: <input type="text"/>		Avg. Hours Worked per Week <input type="text"/>
Duties:			
Monthly Salary	Reason for Leaving		
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			
Employer	Telephone No.	Supervisor's Name	

Type of Business		Address	
<input type="text"/>		<input type="text"/>	
Job Title		Dates Employed MM/YY	Avg. Hours Worked per Week
<input type="text"/>		From: <input type="text"/> To: <input type="text"/>	<input type="text"/>
Duties:			
<input type="text"/>			
Monthly Salary		Reason for Leaving	
<input type="text"/>		<input type="text"/>	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			
Employer		Telephone No.	Supervisor's Name
<input type="text"/>		<input type="text"/>	<input type="text"/>
Type of Business		Address	
<input type="text"/>		<input type="text"/>	
Job Title		Dates Employed MM/YY	Avg. Hours Worked per Week
<input type="text"/>		From: <input type="text"/> To: <input type="text"/>	<input type="text"/>
Duties:			
<input type="text"/>			
Monthly Salary		Reason for Leaving	
<input type="text"/>		<input type="text"/>	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			
Employer		Telephone No.	Supervisor's Name
<input type="text"/>		<input type="text"/>	<input type="text"/>
Type of Business		Address	
<input type="text"/>		<input type="text"/>	
Job Title		Dates Employed MM/YY	Avg. Hours Worked per Week
<input type="text"/>		From: <input type="text"/> To: <input type="text"/>	<input type="text"/>
Duties:			
<input type="text"/>			
Monthly Salary		Reason for Leaving	
<input type="text"/>		<input type="text"/>	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			

Explain any gaps in employment:

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REFERENCES

Name & Occupation	Address	Phone

Are you a veteran? Yes No

Are you involved in any civil or criminal lawsuits/litigations? Yes No

HAVE YOU EVER BEEN CONVICTED OF ANY MISDEAMANORS OR FELONIES, OR TICKETED OR PENALIZED FOR ANY TRAFFIC VIOLATIONS?

Failure to list all offenses is considered to be an adequate reason for rejecting your application. Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.

Date	Place	Type of Offense	Penalty/Points

The Township of Covert has a commitment to Equal Employment Opportunity and complies with Federal and State standards pertaining to equal employment opportunity. It is the policy of the Township of Covert to implement equal opportunity on an affirmative basis to all qualified employees and applicants for employment without regard to race, color, creed, sex, age, height, weight, marital status, religion, veteran status, national origin or disability. Michigan Law requires that a handicapped individual with a disability needing accommodations for employment notify the employer in writing, within 182 days after the need is known.

APPLICANT ACKNOWLEDGMENT AND AUTHORIZATION:

I authorize my former employers, school authorities, medical authorities, and police agencies to give to the Covert Township, any information regarding my employment together with any information they may have regarding me whether or not it is in their records. I hereby release them and their organization from any claims and liabilities whatsoever for issuing same and release the Township of Covert from any claims or liability for using such information in making a hiring decision. I understand that neither this application nor any subsequent offer of employment creates a contract of employment and if I am hired, I will be employed at-will, meaning that the city may terminate my employment at any time, with or without reason and with or without notice. For employees hired in to positions covered by collective bargaining agreements, their at-will status will only be in effect during the contractual probationary

period. I hereby certify that all the statements in this application are true and correct and that I agree to all terms and contracts as stated.

(Date Signed)

(Applicant's Signature)