

BROOKFIELD TOWNSHIP APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY)

FOR OFFICE USE ONLY	
Possible Work Locations	Possible Positions

FOR OFFICE USE ONLY	
Work Location _____	Rate _____
Position _____	Date _____

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

PERSONAL

Date _____

Name _____ Social Security No. _____
Last First Middle

Present address _____ Telephone No. _____

Position(s) applied for _____ Rate of pay expected \$ _____ per week

Would you work Full-Time _____ Part-Time _____ Specify days and hours if part-time _____

Were you previously employed by us? _____ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____ 20____

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization? _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?		List Diploma or Degree
			5	6	7	8	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Elementary		X					<input type="checkbox"/> Yes	<input type="checkbox"/> No	X
High			1	2	3	4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other (Specify)			1	2	3	4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT

I Name and Address of Company, Telephone No. and Type of Business _____ _____ _____ _____	From		To		Describe the work you did	Weekly Last Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					

II Name and Address of Company, Telephone No. and Type of Business _____ _____ _____ _____	From		To		Describe the work you did	Weekly Last Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					

III Name and Address of Company, Telephone No. and Type of Business _____ _____ _____ _____	From		To		Describe the work you did	Weekly Last Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					

IV Name and Address of Company, Telephone No. and Type of Business _____ _____ _____ _____	From		To		Describe the work you did	Weekly Last Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					

V Name and Address of Company, Telephone No. and Type of Business _____ _____ _____ _____	From		To		Describe the work you did	Weekly Last Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					

May we contact the employers listed above? _____ If not, indicate by No. which one(s) you do not wish us to contact _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Telephone Number

MILITARY SERVICE RECORD

Were you in U.S. Armed Forces? Yes _____ No _____ If yes, what Branch? _____

Rank at discharge _____ List duties in the service including special training _____

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my characters, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

Signature of Applicant