



**Macomb Township  
Parks & Recreation  
PART-TIME  
EMPLOYMENT APPLICATION**  
*An Equal Opportunity Employer*

**Applications are kept on file for 1 year to fill positions as they become available.  
As positions become available all applications will be reviewed.  
Applicants being considered will be contacted at that time.**

*Complete all questions, even if you attach a resume.*

Last Name	First	Middle Initial	Home Phone: ( ) ( )
Address	City	State	Zip
Cell Phone: ( ) ( )		E-Mail Address:	
Driver's License Number	Social Security Number		
Please indicate here if you would like to work in Aquatics AND are certified in Lifeguard Training: <input type="checkbox"/> No <input type="checkbox"/> Yes			
I am not certified currently but I am enrolled in a Lifeguard Training course.			
Date of Course:		Location of Course:	

Are you under 18 years of age? <input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>Proof of eligibility to work will be required.</i> )
Are you legally eligible for employment in this country? ( <i>Proof of citizenship or immigration status will be required upon employment.</i> ) <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever been convicted of a crime? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain when, where and the nature of the offense: ( <i>A conviction will not necessarily bar you from employment with Macomb Township. Consideration will be given to such factors as age and time of the offense, seriousness and nature of the violation and rehabilitation if any.</i> )
Are there any reasons you may have difficulty in performing, with or without accommodation, any of the major duties of the job(s) for which you have applied? No ___ Yes ___ If yes, explain:

Present or Most Recent School Attended	Address (City & State)	Highest Grad Completed	Major (if applicable)
		8    9    10    11    12 13    14    15    16	

Date available to begin employment:
Times available to work: Days: _____ Evenings: _____ Weekends: _____
List any licenses or certifications you possess (example: First Aid, Health Card, Lifesaving, Chauffeur, etc.)
If related to anyone employed by, or an elected official of, the Township, state name(s)/relationship:

What personal experience qualifies you for the position for which you have applied?

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EMPLOYMENT: Indicate your last four positions of employment. Start with your most recent employer.

Employer: Supervisor Name & Address	From	To	Telephone No.	Position Held	Reason for Leaving

Please indicate how you heard about this job:

Newspaper    School posting    Cable    Walk-in    Web Site    Other \_\_\_\_\_

I authorize the references and previous employers listed above to give you any and all information concerning any previous employment and pertinent information they may have, personal or otherwise. I release all parties from all liability and from all damages that may result. I specifically waive any rights to be notified under Section 6(3)(a) of the Michigan Bullard-Plawecki Act of the release of personnel file information by prior employers and of the release of personnel file information to prospective employers by Macomb Township. All of the statements provided by me in this Employment Application are subject to investigation by the Township. I understand that a false answer to any question in this Application constitutes grounds to not employ me or grounds to terminate my employment if hired.

I understand that neither this document nor any offer of employment constitutes a contract of employment. In consideration of my employment, I agree to conform to the rules and regulations established by the Township. Furthermore, I understand and agree that my "At-Will" employment is for no definite period of time, and my employment and compensation can be terminated at any time, with or without cause, with or without notice, and without regard to the date of payment of my wages or salary, at the option of either the employer or myself. I understand that no employee has the authority to enter into any agreement contrary to the foregoing unless contained in an applicable collective bargaining agreement or individual employment agreement signed by myself and the Township Supervisor or his/her designee.

Unless employed under a collective bargaining agreement, I further agree that any action or suit against the Township arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

I further understand that to benefit from the protections of the Michigan Handicappers' Civil Rights Act, MCL 37.1101, et seq., I must notify the Township in writing of the need for a handicap accommodation within 182 days of the date I knew or should have known that an accommodation was needed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

MACOMB TOWNSHIP  
PARKS & RECREATION DEPARTMENT  
20699 Macomb St.  
Macomb MI 48042  
586-992-2900  
*AN EQUAL OPPORTUNITY EMPLOYER*