

Position Title: Building and Grounds Temporary Worker - Summer

**Location:** East Bay Township, southeast of Traverse City

**Duration:** Part-Time, 16 hours per week (2 days/8 hrs per day)

12 weeks over summer season

Start/End date negotiable

Salary: \$14/hour

**Application:** www.eastbaytwp.org,

email bfriend@eastbaytwp.org, call 947-8647 or visit

1965 N. Three Mile Road

**Deadline:** March 25, 2019

#### **Broad Statement of Responsibilities**

• Responsible for aiding in the maintenance of the grounds and facilities of the Township for a specified season or period of time.

#### **Specific Duties and Responsibilities**

- Maintain all Township Properties, specifically including lawn maintenance such as mowing, raking, edging, weeding, etc.
- Monitor and maintain bathrooms located in Parks.
- Use of hand tools, small power tools, trimmers, mowers, and small tractor.
- Maintain grounds to reduce risk of danger or injury to persons using grounds and facilities.
- Arrange jobs to take advantage of differing weather conditions.
- Make recommendations for the park needs.
- Assist Building and Grounds staff of higher grades and seniority.
- Any other job that the supervisor may request.

# Knowledge Skills and Abilities Required

- High School diploma.
- Mature, capable and mechanically oriented person.
- Knowledge of general lawn care, maintenance, and custodial duties.
- Ability to accept guidance, follow instructions, and work well with others.
- Ability to complete physical tasks with a degree of strength and stamina.
- Ability to work outside.
- Self-starter who possesses good organizational skills.
- Able to work without direct supervision.
- Possess a valid Michigan motor vehicle license.

Please send completed applications to bfriend@eastbaytwp.org with the subject line, "Temporary Worker" or return them to the township hall at 1965 N. Three Mile Road.

### An Equal Opportunity Employer

All persons shall have equal employment opportunities with East Bay Charter Township regardless of race, color, religion, sex, marital status, or national origin.



#### APPLICATION FOR EMPLOYMENT

This Township is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known. Federal law has no such requirement.

Position Applied For:
Date of Application:
Date You Can Start:
(Please note that this application will only remain active for 3 months after which the applicant would need to re-apply.
Name:
Name:(Last, First, Middle)
Social Security Number:(to be provided by successful applicant)
Present Address:
Telephone Number:
(Home/Work/Cell – circle one)
Are you 18 years or older? Yes No
Do you have a valid Michigan motor vehicle license? Yes No
Are there any hours or days of the week you cannot work?
If so when?
Salary Desired Type of Employment: Full Time Port Time

## **EDUCATION:**

	Name and Address of School	No of Years Attended	Did you Graduate?	Subject/Major		
Elementary School						
High School						
College			-			
Specialized Training						
Are you employed now?						
May we contact your present employer?						
Have you ev	er applied to this To			No		
If so, under what name and when?						
Do you have US Military experience?  Branch: Rank:  Date Entered: Honorably? Yes No						
Date Dischar	ged:	Honorably?	Yes	No		
Are you lawfully entitled to be employed in the United States?						
Have you ever been convicted of a crime except a minor traffic violation?  Yes No  (The response to this question will be considered in the context of its job-relatedness only)  If so, please state citation, date and place where offense occurred:						
Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application.						
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Three individuals not related to you, whom you have known at least for one year:							
1.				, and			
	(Name, Address and Telephone, Relationship, Years Acquainted)						
2.	2						
	(Name, Address and Telephone, Relationship, Years Acquainted)						
3.							
0.							
	(Nam	ne, Address and Tele	ephone, Relations	hip, Years Acquainted)			
EMER	GENO	CY CONTACT:		**			
/Name	المام ٨	0.4 0.4 7	T.J. I. N. I.				
		ress, City, State/Zip,					
	ENT A		T EMPLOYERS: (	Most recent one first)			
Date Month/	/year	Name, Address and Telephone No. of Employer	Salary: Starting/Ending	Last Position Held/Responsibilities	Reason for Leaving		
From:							
To:				-			
From:							
Pioni.							
To:							
From:							
To:							
				-			
May we contact the Employers listed? Yes No							
If not, which one(s)?							

**REFERENCES:** 

# Please read the following statement carefully before signing to indicate your understanding:

I understand that prior to being offered employment; I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Township prior to the administration of the test so that a reasonable accommodation can be made. The Township reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained in the application are true and complete to the best of my knowledge and understand that if employed, falsified statements or omitted information on this application may result in termination.

I understand and agree that if hired, my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice.

I authorize investigation of all statements contained in the application for any employment-related purposes. I release the listed references and all employers, except those specifically excepted,\* to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you.

(Signature)		(Date)
*Employers specifically excepted:		
For Employer Use Only		
Interviewed By:	Date:	
Hired: Yes No		
Starting Date:	Position:	
Work		
Wage:	_	
Additional Comments:		-