



410 Holden Street • Manistee, Michigan 49660 • (616) 723-6507

APPLICATION FORM

NAME IN FULL _____

HOME ADDRESS _____ **TELEPHONE NUMBER** _____

LENGTH OF RESIDENCE IN MANISTEE TOWNSHIP _____

POSITION APPLYING FOR _____

REGISTERED VOTER IN MANISTEE TOWNSHIP _____ **SS#** _____

EDUCATIONAL QUALIFICATIONS _____

OTHER EXPERIENCE WHICH YOU BELIEVE WILL QUALIFY YOU FOR THE POSITION _____

TYPE OF WORK YOU DO _____

PLACE OF EMPLOYMENT _____

ARE YOU A YEAR AROUND RESIDENT OF MANISTEE TOWNSHIP _____

GIVE LOCAL REFERENCES _____

ANY OTHER INFORMATION YOU FEEL IS PERTINENT TO THIS APPLICATION

SIGNATURE _____

DATE _____