CHARTER TOWNSHIP OF BREITUNG JOB DESCRIPTION

JANITORIAL / CUSTODIAN POSITION

A person employed under this classification is considered a Part time employee who is scheduled to work less than 25 hours per week.

This position is not entitled to any benefits except those required by law such as social security and worker's compensation, or as approved by the Township Board.

This position is- Under the direction of the Department of Public Works Supervisor and is subject to the Township's drug and alcohol policy.

TYPICAL DUTIES:

- 1. Performs custodial duties on township facilities that include but are not limited to:
 - a. Empty trash bins
 - b. Clean bathrooms
 - c. Sweep/scrub hard floors
 - d. Vacuum floors
 - e. Wipe down counters / tables.
 - f. Wash windows
 - g. Dust furniture / fixtures
 - h. Maintain inventory, and request replacement of needed supplies.
 - i. Set up and take down for meetings and special events as needed.
 - j. Notify DPW of any need for repairs or maintenance to facilities or equipment.
 - k. Secure building /s and extinguish lights if working after office hours.
 - I. Other duties may be assigned.

The above duties are intended to describe the general nature and level of work assigned to the (JANITORIAL/ CUSTODIAN POSITION); they are not an exhaustive list of all duties performed by personnel so classified.

KNOWLEDGE, SKILLS, AND ABILITIES:

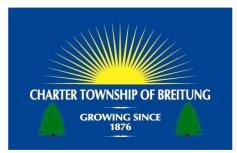
- 1. High school diploma, aptitude and skills in general maintenance and cleaning.
- 2. Valid driver's license.
- 3. Ability to use and operate a variety of tools and equipment.
- 4. Ability to receive and comprehend instructions to carry out assigned tasks
- 5. Prolonged standing, bending, stooping, and stretching are required.

6. Work involves use of chemicals and cleaning products and an annual review of Michigan MSDS information sheets provided.

7. Once issued; review and understanding of Township Personnel Policies and Procedures Manual.

www.breitungtwp.org

The Charter Township of Breitung is an Equal Opportunity provider and employer.



APPLICATION FOR EMPLOYMENT

Charter Township of Breitung 3851 Menominee Ave.; PO Box 160 Quinnesec, MI 49876 906-779-2050

This Township is an equal opportunity employer and will not discriminate against any applicant based on 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.

Please note that this application will only remain active for 6 months, after which the applicant would need to re-apply.

Date of Application:				
Position Applied For:		Date You C	Date You Can Start:	
Have you ever applied to this Town	ship before? 🗌	Yes 🗌 No		
If so, under what name and when?				
Are there any hours or days of the w	veek you cannot	work? 🗌 Yes	No	
If so, when?				
How much notice do you need to pr				
AI		NFORMATION	[
Name:Last	First	Mid	Middle	
Present Address:		City	State	Zip
Permanent Address:		City	State	Zip
Telephone: Home	Cell		Work	
Email Address:				
Are you 18 years or older?		Date of Birth: * DOB is used for back		
Social Security #:	Driver'	s License #:		
Are you lawfully entitled to be empl	loyed in the Unit	ed States?	🗌 No	
Have you ever been convicted of a c * The response to this question will be con- If so, please state citation, date, and	sidered in the contex	ct of its job-relatedness	ONLY	No
in so, prease state entation, date, and	place where one			

..... EDUCATION HIGH SCHOOL Name of School Address Did you graduate? Yes No Number of Years Attended Subject/Major: COLLEGE Name of School Address Did you graduate? Yes No Number of Years Attended Subject/Major: SPECIALIZED TRAINING Name of School Address Did you graduate? Ves No Number of Years Attended Subject/Major:MILITARY SERVICE..... Branch: _____ From: _____ То: _____ Rank at Discharge: _____ Honorably? ___ Yes No If other than honorable, explain: _____REFERENCES List three individuals not related to you, whom you have known for at least one year: Name Telephone Relationship Yrs Known Address Name Address Telephone Relationship Yrs Known

EMERGENCY CONTACT

Telephone

City

Zip

Relationship

State

Yrs Known

Telephone

Address

Address

Name

Name

Company Name:	I	Phone:
Address:	5	Supervisor:
Last Position Held:	From:	То:
Salary Start: End: _	Reason for Leavin	ng:
Responsibilities:		
May we contact your previous super	visor for a reference?	No
Company Name:	I	Phone:
Address:	<u> </u>	Supervisor:
Last Position Held:	From:	То:
Salary Start: End: _	Reason for Leavin	ng:
Responsibilities:		
May we contact your previous super	visor for a reference? Yes	No
Company Name:		Phone:
Address:	S	Supervisor:
Last Position Held:		
Salary Start: End: _	Reason for Leavin	ng:
Responsibilities:		
May we contact your previous super	visor for a reference?	No

Please provide any additional information and/or qualifications you feel will be helpful to us in considering your application, such as special skills, training, management experience, equipment operation, etc.

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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 this 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 this application for any employment-related purpose. 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.

As a condition of employment, employees of the Township agree not to commence any action, claim, or suit relating to their employment with the Township more than 182 calendar days after the date the employee knew or should have known that a claim existed or later than the applicable limitations period established by statute, whichever is less.

Date:	Signature:	
*Employers specifically excepted:		

FOR CHARTER TOWNSHIP OF BREITUNG USE ONLY			
Date:			
Interviewed By:			
Hired: Yes 🗆 No Position:			
Wage:	Starting Date:		