Position Title: Planning & Zoning Intern
Location: East Bay Township, southeast of Traverse City
Duration: Days/hours negotiable: during office hours of Monday-Thursday 7 am to 5:30 pm, June 15 - August 15, 2020, approximately 20 hours/week
Salary: $14/hour
Application: www.eastbaytwp.org, email ckarner@eastbaytwp.org call 947-8681 or visit 1965 N. Three Mile Road
Deadline: April 15, 2020

Broad Statement of Responsibilities
- Responsible for administrative support to the Planning and Zoning Department in furthering the goals of the Board of Trustees, Planning and Parks Commissions.

Specific Duties and Responsibilities
- Assist with the development of grant proposals based on plans of the township, such as the Master Plan and Recreation Plan.
- Assist in collecting and preparing data or written support for various projects.
- Assist in committee meeting preparation.
- Assist with varied administrative duties based upon current projects within the department. Examples of projects include the U.S. 31 Beach District Corridor Plan, the Hammond Road Corridor plan, and Safe Routes to School planning.

Knowledge Skills and Abilities Required
- Current student pursuing undergraduate or graduate education in Land Use Planning, Public Administration or similar field.
- Flexibility and desire to work on land use policy projects.
- Ability to work and communicate effectively in team environment.
- Ability to accept guidance and follow instructions.
- Self-starter able to work independently.
- Strong research, analytical, and organizational skills.
- Competency in various computer software programs, such as Microsoft Office and internet applications.

Please send completed applications to ckarner@eastbaytwp.org with the subject line, “Planning & Zoning Intern” 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: ____________________________________________________________________________

(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 ____  Part Time ____
EDUCATION:

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Name and Address of School</th>
<th>No of Years Attended</th>
<th>Did you Graduate?</th>
<th>Subject/Major</th>
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<td>Elementary School</td>
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Are you employed now?

____________________________________________________________________

May we contact your present employer?

____________________________________________________________________

Have you ever applied to this Township before? Yes__________ No________

If so, under what name and when? ________________________________

Do you have US Military experience? ________________________________
Branch: ____________ Rank: ____________
Date Entered: ____________ Date Discharged: ____________
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.
____________________________________________________________________

____________________________________________________________________
REFERENCES:
Three individuals not related to you, whom you have known at least for one year:

1. ________________________________________________________________
   (Name, Address and Telephone, Relationship, Years Acquainted)

2. ________________________________________________________________
   (Name, Address and Telephone, Relationship, Years Acquainted)

3. ________________________________________________________________
   (Name, Address and Telephone, Relationship, Years Acquainted)

EMERGENCY CONTACT:

_________________________________________________________________
(Name, Address, City, State/Zip, Telephone Number)

CURRENT AND MOST RECENT EMPLOYERS: (Most recent one first)

<table>
<thead>
<tr>
<th>Date Month/year</th>
<th>Name, Address and Telephone No. of Employer</th>
<th>Salary: Starting/Ending</th>
<th>Last Position Held/Responsibilities</th>
<th>Reason for Leaving</th>
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May we contact the Employers listed? Yes ________ No _____________
If not, which one(s)?
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: ________________
Wage: ____________________________
Additional Comments:
______________________________________________