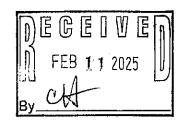


Board or

Committee of Interest:

Parks and Recreation



21 E. Church Street Lake Orion, MI 48362 248-693-8391

www.lakeorion.org (An Equal Opportunity Employer)

02/10/2025

Date:

Application for Village Board or Committee

Applicant Information

Thank you for your interest in serving on a Board or Committee. The purpose of this form is to provide the President and the Village Council with basic information about applicants considered for appointment.

	Doblfing			L rin		1 []	
Full Name:	Rohlfing			Erin		R	
	-	Last		Fi.	st		M.I.
Address:			***************************************				
							•
	City					State	ZIP Code
Email:					Ce	II Phone:	
	Physician Ass	eletant			Length	ne Phone: of Residenc	8.5years
Occupation:	· · · · · · · · · · · · · · · · · · ·						
Educational	BS in Technic	al Communica	ition from L	.awrence Tec	hnological l	Jniversit	y, MS in Physicia
ackground: ason for into	erest:	- · · · · · · · · · · · · · · · · · · ·					
	directly across	s the street fro	m Swise V	illage for the	ast 8.5 vea	rs and w	atching it crumbl
fter living	g directly acros: ven have it's gr						
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fter living nd not ev	Jeff Rohlfing,			basis, I would			r regular
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fter living nd not ev	Jeff Rohlfing,	ass mowed on	a regular	Phone:	like to adv		r regular
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Emergency Contact	Jeff Rohlfing,	ass mowed on	a regular	Phone: Experience (ma	like to adv	ocate fo	r regular
mpany:	Jeff Rohlfing, Name & Address 1430 S Lapee Physician Assis	ass mowed on Related Emer Rd, Lake Ori	a regular	Phone: Experience (ma	like to adv	ocate fo	r regular
Emergency Contact mpany: ddress:	Jeff Rohlfing, Name & Address 1430 S Lapee Physician Assis	ass mowed on Related Emer Rd, Lake Ori	a regular	Phone: Experience (ma	like to adv	ocate fo	r regular
emergency Contact co	Jeff Rohlfing, Name & Address 1430 S Lapee Physician Assists: 0-25 patient pe	Related Emer Rd, Lake Oriestant	ployment E	Phone: Experience (mage)	ost recent first)	Phone:	r regular
Emergency Contact company: ddress: esponsibilitie are for 2	Jeff Rohlfing, Name & Address 1430 S Lapee Physician Assis	Related Emer Rd, Lake Oriestant	ployment E	Phone: Experience (mage)	ost recent first)	Phone:	cell:
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Emergency Contact company: ddress: esponsibilities are for 2	Jeff Rohlfing, Name & Address 1430 S Lapee Physician Assists: 0-25 patient peolans; negotiate	Related Emer Rd, Lake Oriestant	ployment E	Phone: Experience (mage)	ost recent first)	Phone:	cell:

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Company:			Phone:
Address:			
Job Title:	Physician /	Assistant	
Responsibilitie	Care	dures; facilitate su	per day; write care plans; write prescriptions; facilitate urgical plans; negotiate with insurance companies plans of
From:	09/2023	To: 12/2024	
Company:			Phone:
Address:			
Job Title:	owner and	trainer	
Responsibilitie	evaiu	•	ns of action for clients; completed all accounting and marketing I exponential fiscal growth year over year for 8 years
From:	2014	To: 2021	
			Personal References
Please list three	professional re	ferences (not former emplo	
	Maria Merril	•	
Full Name:	Walla Wollin	F	Relationship: colleague
Company: Address:			Phone:
Full Name:	Krystn Ande	ersons	Relationship: Client
	7.1.701171111111		
Company:			Phone:
Address:			
Full Name:	Kevin Bicke	tt	Relationship: colleague
Company:			Phone:
Address:			
		Boar	rds or Committees of Interest
	(\$	Select in order of your pr	reference: 1=First Choice, 2=Second Choice, 3=Third Choice
Downtown	Development Au	ıthority (DDA)	Parks & Recreation Advisory Committee
Zoning Boa	ard of Appeals (2	(BA)**	Planning Commission
Developme	ent Area Citizen	Council (DACC)	
		**Contact the Villag	ge Clerk's Office for additional application requirements. PPLICATION WILL BE KEPT ON FILE FOR 2 YEARS.

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Disclaimer and Signature					
To the best of your knowledge, do you or a member of your immediate family have a business relationships with any supplier, service provider or contractor of the Village you or they derive direct compensation or financial benefit?		YES	NO		
If yes, please explain:			L		
Printed Name: Erin R Rohlfing	Date: 02/10	0/2025			
Signature: Signature:			***************************************		

Date Appointed
Term Expired
Date Reappointed

Disclaimer and Signature

I certify that the facts set forth in this Application of Employment, in my resume and in the other material I have submitted are true and complete. I understand and acknowledge that false information provided by me will result in disqualification from employment with the Village of Lake Orion (hereinafter 'the Employer") or in dismissal from employment if an offer of employment has been made and accepted.

I hereby authorize the Employer, to contact all my former and current employers, educational institutions and the other references I have provided regarding me and my performance record and work, academic and/or military experience. I also hereby release the Employer and its employees and agents, and all of my former and current employers, educational institutions, and the other references I have provided, from any and all liability and damages for releasing or using information concerning me and my performance record and work, academic and/or military experience. I also hereby waive any right under the Bullard-Plawecki Right to Know Act, 1978 PA 397, to receive written notice from the Employer or any former or current employer, that disciplinary reports, letters of reprimand, or other disciplinary action taken against me while employed, will be or have been disclosed to a third person or entity.

I also understand that the Employer may, in its sole discretion, conduct or have conducted by an individual or entity of its choice, a conviction-only criminal background history search on me. I hereby consent to this search being conducted and to the disclosure of the results of that search by the individual or entity conducting the search to the Employer. I further hereby release the individual or entity conducting the search, the Employer, and its employees and agents, from any and all liability, claims and damages, including but not limited to, claims for releasing or using any information revealed as a result of this search. I also understand and acknowledge that false information provided by me or convictions will result in disqualification from employment with the Employer or in dismissal from employment if an offer of employment has been made and accepted.

In consideration of my employment, and subject to any collective bargaining agreement applicable to me, I agree and understand that my employment and compensation can be terminated with or without cause, with or without notice at either my option or at the option of the Employer, it being mutually understood and agreed that my relationship with the Employer is one of employment at will and no representation of the Employer, other than the Village Council, has any authority to enter into any agreement for employment for any period of time or to make any agreement contrary to the foregoing, and any such agreement must be in writing and signed by the President of the Village Council.

I hereby consent to having a physical and/or psychological examination and/or test(s), including but not limited to drug and/or alcohol testing, conducted by a physician or other professional of the Employer's choice, and understand that any offer of employment is conditioned upon the results of this examination(s) and/or test(s).

Subject to the terms of any collective bargaining agreement applicable to me, I agree not to commence any action or suit relating to my employment with the Employer more than 180 days after the occurrence of the facts giving rise to the claim, or more than 180 days of the date of my termination of such employment, whichever is earlier, and to waive any statute of limitations to the contrary.

If I am employed, I understand that additional personal data will be required for determination of benefit eligibility and for statistical purposes.

I will abide by all policies, rules and regulations of the Employer.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Printed Name:	Erin R Rohlfing		Date: 02/10/2025
Signature	MM KNL	1	-
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21 E. Church St. Lake Orion, MI 48362



248-693-8391 www.lakeorion.org

VOLUNTARY INFORMATION

In order to comply with United States Government Equal Employment Opportunity requirements, all applicants for employment are requested to complete this form. Data collected will be used for statistical reporting purposes and to measure the effectiveness of recruitment efforts and selection procedures. This information is requested on a voluntary basis, will be kept confidential, and is not available to hiring authorities. Refusing to provide the information will not result in any adverse treatment with respect to the employment or selection process.

The Village of Lake Orion is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected category. Thank you very much for your cooperation.

DISABLED APPLICANTS: The Village of Lake Orion Human Resources Department may have resources to assist applicants with the application and/or interview process. If special needs are to be considered, please call: 248-693-8391

Position applied for	Parks and Recreation	Today's date 02	2/05/2025		
Applicant's Name	Erin R Rohlfing	·			
Are you a Veterar	of the United States Armed Forces	? no Branch of Service	e and Rank		
Type of Discharge		Discharge Date:			
Sex		Race or National Origin			
Male Female	North Africa or the Middle East): All persons with origins in any of			
Highest level of education?	Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Black or African American: a person having origins in any of the black racial groups of Africa.				
or GED Asian: a person having origins in any of the original peoples of the Far East, Sor the Indian subcontinent including, for example, Cambodia, China, India, Japan, Baran,			ne Far East, Southeast Asia,		
Or Business	Pakistan, the Philippine Islands, The Native Hawaiian or Other Pa	ailand, and Vietnam. cific Islander: a person having origi	ns in any of the original		
OSome College					
O в.А./в.s.	American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or				
Masters	community attachment.		•		
O PhD, MD, JD or other Professional Degree	Two or More Races: a person race/ethnicity categories.	n who primarily identifies with two	or more of the above		