

21 E. Church Street Lake Orion, MI 48362 248-693-8391 www.lakeorion.org (An Equal Opportunity Employer)

## Application for Village Board or Committee

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.

_	Applicant	Information	_	_	
Board or Committee of Interest:	Parks & Recreation	· miormation		Date:	03/24/2025
Full Name:	Hand	Jody			
	Last	First			M.I.
Address:					
	City		C4	ate	ZIP Code
	City		51	ate	ZIP Code
Email:			Cell F	hone:	
			Home	Phone:	
Occupation:	Retired		Length of in the '	Residence ∕illage:	10 years
Educational Background:	PhD, MBA, MSIE, BSEE				
Reason for inte	erest:				
					<del></del>
Emergency Contact	Sharon Hand				
Contact	Name & Address	Phone:			Cell:
	Related Employment	Experience (most recent	first)		
Company:				Phone:	
Address:					
Job Title:					
Responsibilities	S:				
From:	To:				

Company:		Phone:	
Address:			
Job Title:			
Responsibilitie	es:		
From:	To:		
Company		Phone:	
Company:		Filotic.	
Address: Job Title:			
Responsibilitie	es:		
From:	То:		
	Past Exper	ience or Other Relevant Information	
		Davage al Deference	
Please list thre	e professional references (not former empl	Personal References	
Full Name:	Rosemary Ford	Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Full Name: Company:		Relationship: Phone:	
Company: Address:		Phone:	
Company: Address: Full Name:		Phone:  Relationship:	
Company: Address:		Phone:	
Company: Address: Full Name:		Phone:  Relationship:	
Company: Address: Full Name: Company:		Phone:  Relationship:	
Company: Address: Full Name: Company:	Воа	Phone:  Relationship: Phone:	
Company: Address: Full Name: Company: Address:	Boa (Select in order of your pr	Relationship:  Phone:  Phone:  Phone:  Phone:  Phone:  Phone:  Phone:	
Company: Address: Full Name: Company: Address:	Boa (Select in order of your pr	Relationship:  Phone:  Phone:  Phone:  Phone:  Parks & Recreation Advisory Committee	
Company: Address:  Full Name: Company: Address:	Select in order of your pr Development Authority (DDA) ard of Appeals (ZBA)**	Relationship:  Phone:  Phone:  Phone:  Phone:  Phone:  Phone:  Phone:	
Company: Address:  Full Name: Company: Address:	Gelect in order of your properties of the properties of the properties of the properties of Appeals (ZBA)**  The properties of Appeals (ZBA)**  The properties of the properties of Appeals (ZBA)**  The properties of the propertie	Relationship:  Phone:  Phone:  Phone:  Phone:  Parks & Recreation Advisory Committee	

Disclaimer and Signature		
To the best of your knowledge, do you or a member of your immediate family have any direct financial or business relationships with any supplier, service provider or contractor of the Village of Lake Orion from which you or they derive direct compensation or financial benefit?		
If yes, please explain:		
Printed Name: Jody Hand	24/2025	5
Signature:		

FOR OFFICE USE ONLY:	
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:	Jody Hand	Date: 03/24/2025	Date: 03/24/2025		
Signature:					

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## **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 f	For: Today's date:		
Applicant's Name	Jody Hand		
Are you a Vetera	n of the United States Armed Forces? Branch of Service and Rank		
Type of Discharge	Discharge Date:		
Sex	Race or National Origin		
Male Female	White (not of Hispanic origin): All persons with origins in any of the peoples of Europe, North Africa or the Middle East  Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central		
Highest level of education?	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.		
O HS Diploma or GED	<b>Asian:</b> a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia,		
Or Business			
OSome College	Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.		
○ B.A./B.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	<b>Two or More Races:</b> a person who primarily identifies with two or more of the above race/ethnicity categories.		