

CITY OF TAWAS CITY

APPLICATION FOR EMPLOYMENT

To The Applicant: We appreciate your interest and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment best meets your qualifications.

We are an equal opportunity employer and shall consider qualified applicants for all positions without regard to race, color, handicap, sex, religion, national origin, marital or veteran status.

PERSONAL

Name _____ Date of Application _____

Address _____ Telephone Number _____

Email Address _____

Are you 18 years of age or older? Yes _____ No _____

Are you authorized to work in the United States? Yes _____ No _____

Have you been previously employed here? Yes _____ No _____ If Yes, Date _____

Supervisors Name(s) _____

List any friends or relatives working here _____

Do you have a valid driver's license? Yes _____ No _____ License No. _____ State _____

Have you been convicted of a crime? Yes _____ No _____

If so, where, when and nature of offense _____

Have you filed an application before? Yes _____ No _____ If Yes, Date _____

EMPLOYMENT DESIRED

Position(s) applied for _____

Kind of work sought: Full time _____ Part time _____ Other _____

If Part – time, please specify hours and days desired: _____

Desired salary: _____ Date available to work: _____

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes _____ No _____

If yes, what branch? _____ Rank at discharge _____ Date of discharge _____

Are you in the reserves? Yes _____ No _____ If yes, date obligation ends _____

Special / technical training _____

EMPLOYMENT EXPERIENCE (List current or most recent job first)

1. Employer _____
Address _____
Job Title _____ Supervisor _____
Hourly Rate / Salary Starting _____ Final _____
Date Employed From _____ To _____
Work Preformed _____
Reason for leaving _____

2. Employer _____
Address _____
Job Title _____ Supervisor _____
Hourly Rate / Salary Starting _____ Final _____
Date Employed From _____ To _____
Work Preformed _____
Reason for leaving _____

3. Employer _____
Address _____
Job Title _____ Supervisor _____
Hourly Rate / Salary Starting _____ Final _____
Date Employed From _____ To _____
Work Preformed _____
Reason for leaving _____

4. Employer _____
Address _____
Job Title _____ Supervisor _____
Hourly Rate / Salary Starting _____ Final _____
Date Employed _____ To _____
Work Preformed _____
Reason for leaving _____

EDUCATION

	Name/ Location	Years completed	Diploma / Degree	Courses of Study
Elementary	_____	_____	_____	_____
	_____	_____	_____	_____
High School	_____	_____	_____	_____
	_____	_____	_____	_____
College	_____	_____	_____	_____
	_____	_____	_____	_____
Graduate	_____	_____	_____	_____
	_____	_____	_____	_____
Vocational/ Training	_____	_____	_____	_____
	_____	_____	_____	_____

List any other educational training _____

REFERENCES

1. Name _____ Address _____
Phone Number _____ Years Acquainted ____ Relationship _____
2. Name _____ Address _____
Phone Number _____ Years Acquainted ____ Relationship _____
3. Name _____ Address _____
Phone Number _____ Years Acquainted ____ Relationship _____
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ADDITIONAL INFORMATION

List professional, trade, business or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex, national origin, handicap, martial or veterans status.

State any additional information that you feel may be helpful to us in considering your application.

AUTHORIIZATION AND UNDERSTANDING:

Release of Prior Personnel Records

By signing this application, I agree that all of the information now or later given by me in support of my application for employment is true and complete. I give you my permission to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, organizations, or governmental agencies. I give these individuals, organizations, or governmental agencies my permission to release any information that you need, including my previous disciplinary record, without requiring them to contact me or give me written notice before revealing the information to you. By signing this application, I release you and them from any liability whatsoever arising out of any information request or disclosure. I agree that any false information in support of my application may subject me to discharge at any time during my employment.

At-Will Employment Status

I AGREE THAT EITHER PARTY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP, WITH OR WITH OUT CAUSE AT ANY TIME, FOR ANY REASON, AND I FURTHER AGREE THAT THIS ARRANGEMENT MAY ONLY BE CHANGED BY THE CHIEF ADMINISTRATIVE OFFICER OF THE CITY OF TAWAS CITY, IN WRITING, DIRECTED TO ME PERSONALLY, AND SIGNED BY THE CHIEF ADMINISTRATIVE OFFICER OF THE CITY OF TAWAS CITY. I agree that I shall be bound by the other rules, regulations, and terms and conditions of the City of Tawas City as they are from time to time changed and that no additional obligations can be imposed by me on the City of Tawas City except those which have been acknowledged, in writing, by the CHIEF ADMINISTRATIVE OFFICER of the City of Tawas City or his designated representative. I further agree that my employment is conditional upon satisfactory completion of documentation as required the Immigration Reform and Control Act of 1986 and until such time as the results of my pre-employment physical (if such physical is required) are known.

Handicap Accommodation Request

I understand that Michigan law requires employers to make accommodations to handicapped applicants and employees where accommodation does not impose an undue hardship on the employer. I further understand handicapped employees and applicants may request an accommodation of their handicap by notifying the City of Tawas City in writing of the need for accommodation within 182 days of the date the handicapper knows or should know that an accommodation is needed. Failure to properly notify the City of Tawas City will preclude any claim that the employer failed to accommodate the handicapper.

Limitation on Time For Employment Lawsuits

I AGREE THAT ANY ACTION OF LAWSUIT AGAINST THE CITY OF TAWAS CITY ARISING OUT OF MY EMPLOYMENT OR TERMINATION OF EMPLOYMENT, INCLUDING BUT NOT LIMITED TO CLAIMS ARISING UNDER STATE OR FEDERAL CIVIL RIGHTS STATUTES, MUST BE BROUGHT WITHIN ONE YEAR OF THE EVENT GIVING RISE OR BE FOREVER BARRED, I WAIVE ANY LIMITION PERIOD TO THE CONTRARY.

Signature

Date