

# 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, Dates \_\_\_\_\_

Supervisor's Name(s) \_\_\_\_\_

List any friends or relatives working here \_\_\_\_\_

Do you have a valid driver's license? Yes  No  If Yes, License No. \_\_\_\_\_ Issuing State \_\_\_\_\_

Have you ever been convicted of a crime? Yes  No

If yes, where, when, and what was the nature of offense? \_\_\_\_\_

## EMPLOYMENT DESIRED

Position(s) Applying For \_\_\_\_\_

Type of Work Sought: Full-Time  Part-Time  Other \_\_\_\_\_

If part-time, please specify hours and days desired \_\_\_\_\_

Desired Pay \_\_\_\_\_ 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, which branch? \_\_\_\_\_ Rank at Discharge \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Are you in the Military Reserves? Yes  No  If yes, date obligation ends \_\_\_\_\_

Special/Technical Military Training \_\_\_\_\_

**Please return completed applications to:**

City of Tawas City  
550 West Lake Street | PO Box 568 | Tawas City, Michigan 48764  
info@tawascity.org



## EMPLOYMENT EXPERIENCE

List current or most recent job first. Please complete this section even if you attaching a resume.

1. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Date Employed From \_\_\_\_\_ To \_\_\_\_\_  
Work Preformed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_
  
2. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Date Employed From \_\_\_\_\_ To \_\_\_\_\_  
Work Preformed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_
  
3. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Date Employed From \_\_\_\_\_ To \_\_\_\_\_  
Work Preformed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_
  
4. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Date Employed From \_\_\_\_\_ To \_\_\_\_\_  
Work Preformed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

## EDUCATION

	Name/Location	Years Completed	Diploma/Degree	Courses of Study
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Graduate	_____	_____	_____	_____
Vocational	_____	_____	_____	_____
Other	_____	_____	_____	_____

List any other educational training or certifications you may have. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_

**ADDITIONAL INFORMATION**

Please list any professional, trade, business, or civic activities and offices held. Please exclude groups the name or character of which indicate race, color, religion, sex national origin, handicap, martial or veteran status.

\_\_\_\_\_

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

\_\_\_\_\_

**AUTHORIZATION 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, or credit 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**

By signing this application, I agree that either party may terminate the employment relationship, with or without 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 written, by the Chief Administrative Officer of the City of Tawas City or his/her 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**

By signing this application, 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**

By signing this application, 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 limitation period to the contrary.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date