

APPLICATION FOR EMPLOYMENT



CITY of BELDING
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PERSONAL DATA

Name (last, first, middle)				
Address		City	State	Zip
Cellular Telephone Number	Alternate Telephone Number	E-mail address		Social Security Number
Michigan Driver's License Number	Has your license ever been suspended or revoked? Yes No		Do you have a High School Diploma or GED? Yes No	

POSITION INFORMATION

Hours: Full Time Part Time	Days Evenings	Status: Regular Temporary	Are you authorized to work in the U.S. on an unrestricted basis? Yes No
Have you ever been convicted of a felony? If yes, explain: Yes No			
Date you can start work:	How did you learn about us? Advertisement Friend Walk in Employment Agency Relative Other:		Are you 18 years of age or older? Yes No If no, can you provide proof of eligibility to work? Yes No
Have you filled out an application with us before? Yes No If yes, date:	Have you ever been employed with us before? Yes No If yes, date:		Are you currently employed? Yes No If yes, can we contact your current employer? Yes No
Are you prevented from lawfully becoming employed in this country? Yes No (Proof of citizenship or immigration status will be required upon employment)			Are you currently on "Lay Off" status and subject to recall? Yes No

EDUCATION

	High School	Undergraduate/ college	Graduate/ professional
School Name & Location			
Years Completed			
Diploma/ degree			
Describe course of study			
Describe any specialized training, apprenticeship, skill and extracurricular activities.			
Describe any honors you have received.			
State any additional information you feel may be helpful to us in considering your application.			

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MILITARY STATUS

Have you had any job-related training in the U.S. military? Yes No		Classification:		
If yes, complete the remainder of the military status section				
Have you ever been a member of the armed forces? Yes No		What branch did you serve in?	Date entered:	Date discharged:
Specific job:	Can you perform the duties of the job for which you are applying, with or without accommodation? Yes No	Explain, if necessary:		
Give any special training that would assist you in the job for which you are making application:				

REFERENCES

Give name, address, and telephone number of three references who are not related to you and are not previous employers:

-
-
-

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from previous employment:

EMPLOYMENT HISTORY

List all employment history, starting with your present or last job. Include any job-related military service assignment and volunteer work.

Employer:	Supervisor:		
Address:			
Job Title:	Telephone Number:	Start Date:	End Date:
Work Performed:			
Starting Salary:	Ending Salary:	Reason for Leaving:	

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EMPLOYMENT HISTORY

Have you ever been discharged or forced to resign from a job for misconduct or unsatisfactory service? Yes No If yes, why?

May we contact your present and past employers regarding your character, qualifications, and job performance? Yes No

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I understand that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and the employee in writing. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer. I understand and agree, that, if hired, my employment is at will and for no definite period and may, regardless of the date of payment of wages and salary, be terminated at any time, for any reason, without prior notice.

Signature of Applicant

Date

We consider all applications for all positions without regard to race, color, religion, sex, national origin, marital status or veteran status. The presence of a non-job-related medical condition or handicap, or any other legally protected status.

APPLICANT'S CERTIFICATION AND AGREEMENT:

1. Certification of Truthfulness. I certify that all statements on this Application for Employment are made truthfully and without evasion, and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being employed or if employed will result in my dismissal.
2. Authorization for Employment / Educational Information. I authorize the references listed in the Application for Employment, and any prior employer, educational institution, or any other persons or organizations to give the City of Belding any and all information, or any other pertinent information, they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing any lawful information to the City of Belding. I hereby waive written notice that employment information is being provided by any person or organization.
3. Employment at Will. If I am hired, in consideration of my employment, I agree to abide by the rules and policies of the City of Belding, including any change made from time to time, and agree that, subject to the provisions of any written agreement to the contrary, my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the City or myself. I understand that no manager or other representative of the City, other than the City Manager, has any authority to enter into any agreement for employment for any specific or indefinite period of time, or to make any agreement contrary to the foregoing. Any such agreement made by the City Manager must be made in writing to be effective.
4. Authorization to Work. If I am selected for hire, I will be offered employment provided I verify that I am authorized to work as required by the Immigration Reform and Control Act of 1986.
5. Need for Accommodation. If I am a person with a disability who requires an accommodation to perform the job, I must notify the City of that need within 182 days after I knew or reasonably should have known that an accommodation was needed. Failure to do so will bar me under state but not federal law from alleging that the City has not accommodated me as required by law.
6. Criminal Records Check. I agree to execute an authorization for the City of Belding to secure criminal conviction history from the appropriate law enforcement agency should the City determine it is necessary to do so.
7. Physical Exam and Drug and Alcohol Testing. I agree that if a job offer is made to me I will, before commencing employment, take a physical exam and authorize the City of Belding or its designated agent(s) to withdraw specimen(s) of my blood, urine or hair for chemical analysis. One purpose of this analysis is to determine or exclude the presence of alcohol, drugs or other substances. I understand that decisions concerning my employment will be made as a result of this test. I further authorize any physician or entity conducting such testing to release the results of such testing to the City of Belding.
8. Psychological / Physical Testing. If offered employment, I agree to submit to any psychological or physical testing which may be necessary to determine my ability to perform the job for which I am being considered. I further authorize any physician or entity conducting such medical examination to release the results of such examination to the City of Belding.
9. Driving Record Check. If applying for a position that requires driving a motor vehicle, I authorize the City and its agents the authority to make investigations and inquiries of my driving record, including obtaining a copy of my Motor Vehicle Record.
10. Fringe Benefits. In accepting employment with the City of Belding, I agree to accept all fringe benefits when eligible as provided now or in the future. I understand that it is my responsibility to provide documentation for verification of eligibility for fringe benefits as well as information regarding mailing

address, telephone numbers or contact arrangements, withholding exemptions and dependent information. The City shall rely on the most recent information for all purposes.

11. Consideration of Employment. I understand that my Application will be considered pursuant to the City of Belding's normal procedures for a period not to exceed one (1) year. IF I AM STILL INTERESTED IN EMPLOYMENT THEREAFTER, I MUST REAPPLY.

12. Limitation of Action. I agree that I shall not commence any action or other legal proceeding related to my employment or the termination thereof more than six (6) months after the event complained of, and I voluntarily waive any statute of limitations which is longer to the contrary.

I HAVE READ AND UNDERSTAND ITEMS #1 THROUGH #12 ABOVE, AS ACKNOWLEDGED BY MY SIGNATURE BELOW. I FURTHER CERTIFY THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Date

Signature of Applicant