



280 S. Maple St. P.O. Box 435 ♦ Grant, MI 49327 ♦ Phone: (231) 834-7904 ♦ Fax: (231) 834-5984

EMPLOYMENT APPLICATION

APPLICANT INFORMATION:

<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME	FIRST NAME	MIDDLE NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET ADDRESS	CITY	STATE
<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME PHONE	CELL PHONE	BEST TIME TO CALL

EMPLOYMENT INFORMATION:

POSITION OR DEPARTMENT DESIRED:

EMPLOYMENT TYPE: FULL-TIME PART-TIME
 TEMP EMPLOYMENT SEASONAL

ANTICIPATED SALARY: \$ /HR OR YR DATE AVAILABLE:

REFERRAL SOURCE: SELF ADVERTISEMENT OTHER:

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF GRANT? YES NO

IF YES, PLEASE LIST POSITION,
DATES OF EMPLOYMENT AND
SUPERVISOR:

<input type="text"/>
<input type="text"/>
<input type="text"/>

ANY FAMILY MEMBERS CURRENTLY EMPLOYED BY THE CITY? YES NO

IF YES, PLEASE LIST THEM:

HISTORY:

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

DO YOU HAVE ANY CRIMINAL CHARGES PENDING? YES NO

IF YES TO EITHER,
PLEASE EXPLAIN:

<input type="text"/>
<input type="text"/>

CONVICTION OR CRIMINAL CHARGES DO NOT AUTOMATICALLY MEAN YOU CANNOT BE APPOINTED. WHAT YOU WERE CONVICTED OF AND HOW LONG AGO ARE IMPORTANT. GIVE US ALL THE FACTS SO THAT AN INFORMED DECISION CAN BE MADE.

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO

IF NO, ARE YOU LEGALLY ELIGIBLE TO WORK IN THE US? YES NO

MILITARY SERVICE? YES NO DISCHARGE TYPE:

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

IF YES, PLEASE LIST NUMBER AND STATE: STATE:

LIST ANY COMMERCIAL DRIVING ENDORSEMENTS:

EDUCATIONAL BACKGROUND

INSTITUTION	NAME AND LOCATION	CURRENT STATUS	MAJOR AREA OF STUDY	TYPE OF DEGREE AND DATE
HIGH SCHOOL		<input type="checkbox"/> GRADUATED <input type="checkbox"/> STILL ATTENDING <input type="checkbox"/> DID NOT FINISH		
UNDERGRAD COLLEGE		<input type="checkbox"/> GRADUATED <input type="checkbox"/> STILL ATTENDING <input type="checkbox"/> DID NOT FINISH		
GRADUATE COLLEGE		<input type="checkbox"/> GRADUATED <input type="checkbox"/> STILL ATTENDING <input type="checkbox"/> DID NOT FINISH		
BUSINESS, TRADE, OR VOCATIONAL		<input type="checkbox"/> GRADUATED <input type="checkbox"/> STILL ATTENDING <input type="checkbox"/> DID NOT FINISH		
OTHER		<input type="checkbox"/> GRADUATED <input type="checkbox"/> STILL ATTENDING <input type="checkbox"/> DID NOT FINISH		

LIST ANY OTHER PROFESSIONAL LICENSES OR CERTIFICATIONS YOU HOLD:

WORK HISTORY (LIST MOST-RECENT FIRST)

DATES FROM		ORGANIZATION NAME/ ADDRESS: _____
MONTH	YEAR	POSITION TITLE: _____
		REASON FOR LEAVING: _____
		BEG. SALARY: _____ END SALARY: _____
DATES TO		SUPERVISOR NAME: _____
MONTH	YEAR	TITLE: _____ PHONE: _____
		DUTIES PERFORMED: _____

DATES FROM		ORGANIZATION NAME/ADDRESS: _____
MONTH	YEAR	POSITION TITLE: _____
		REASON FOR LEAVING: _____
DATES TO		BEG. SALARY: _____ END SALARY: _____
MONTH	YEAR	SUPERVISOR NAME: _____
		TITLE: _____ PHONE: _____
		DUTIES PERFORMED: _____

DATES FROM		ORGANIZATION NAME/ADDRESS: _____
MONTH	YEAR	POSITION TITLE: _____
		REASON FOR LEAVING: _____
DATES TO		BEG. SALARY: _____ END SALARY: _____
MONTH	YEAR	SUPERVISOR NAME: _____
		TITLE: _____ PHONE: _____
		DUTIES PERFORMED: _____

REFERENCES

LIST THREE BUSINESS, WORK, OR SCHOOL REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS SUPERVISORS

NAME	POSITION	PHONE	ADDRESS

PLEASE LIST ANY OTHER INFORMATION THAT YOU WOULD LIKE TO NOTE IN CONSIDERATION OF YOU FOR EMPLOYMENT: (Do NOT INCLUDE INFORMATION THAT WOULD REVEAL GENDER, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR OTHER PROTECTED STATUS)

BY SIGNING THIS APPLICATION, I HEREBY REPRESENT THAT THE FACTS SET FORTH IN MY APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF I AM EMPLOYED, ANY FALSE STATEMENT ON THIS APPLICATION MAY RESULT IN MY DISMISSAL. I FURTHER UNDERSTAND THAT THIS APPLICATION IS NOT AND IS NOT INTENDED TO BE A CONTRACT OF EMPLOYMENT, NOR DOES THIS APPLICATION OBLIGATE THE CITY OF GRANT IN ANY WAY IF THE CITY DECIDES TO EMPLOY ME. I UNDERSTAND AND AGREE THAT ANY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED BY EITHER PARTY WITH OR WITHOUT NOTICE, AT ANY TIME, FOR ANY REASON OR NO REASON. NO ONE OTHER THAN THE CITY MANAGER OR THE CITY COMMISSION HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING AND THEN ONLY IN WRITTEN FORM SIGNED THE CITY MANAGER.

IN MAKING THIS APPLICATION FOR EMPLOYMENT, I AUTHORIZE THE CITY OF GRANT TO CONDUCT A BACKGROUND INVESTIGATION WHEREBY INFORMATION REGARDING MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, MODE OF LIVING, DRIVING RECORD, CREDIT HISTORY, EDUCATION, AND EMPLOYMENT HISTORY IS OBTAINED.

FURTHER, I AUTHORIZE THE CITY TO CONTACT THE EMPLOYERS LISTED IN MY APPLICATION AND TO CONDUCT PERSONAL INTERVIEWS WITH MY NEIGHBORS, FRIENDS AND OTHERS WITH WHOM I AM ACQUAINTED. I UNDERSTAND THAT I HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME TO RECEIVE DETAILED INFORMATION REGARDING THE NATURE AND SCOPE OF ANY SUCH INVESTIGATIVE REPORT THAT IS MADE. I FURTHER UNDERSTAND THAT IF I AM CONSIDERED FAVORABLY FOR EMPLOYMENT, I MAY BE REQUIRED TO UNDERGO, AT THE CITY'S EXPENSE, A PSYCHOLOGICAL EXAM AND A MEDICAL EXAMINATION THAT WILL INCLUDE DRUG SCREENING. I ACKNOWLEDGE RECEIPT OF A COPY OF THE ABOVE STATEMENT CONCERNING THE INVESTIGATIVE CONSUMER REPORTS AND HEREBY AUTHORIZE ALL FORMER EMPLOYERS AND EDUCATIONAL INSTITUTIONS WHICH I HAVE ATTENDED OR NAMED IN MY APPLICATION TO RELEASE TO THE CITY OF GRANT, MY RECORDS, REASON FOR LEAVING, PERFORMANCE AND DISCIPLINARY INFORMATION. IN DOING SO, I RELEASE THE CITY OF GRANT FROM ANY AND ALL LIABILITY FOR DAMAGES OF WHATEVER KIND.

SIGNATURE OF APPLICANT

DATE

PRINTED NAME OF APPLICANT