

CITY OF DOWAGIAC EMPLOYMENT APPLICATION

APPLICANT INSTRUCTIONS

If you need help completing this application form or with any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE."
2. Complete the entire form. Incomplete or illegible applications will not be processed.
3. If more space is needed to complete any question, use the comments section on page 4.
4. Each application has an APPLICANT DATA RECORD attached. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

Today's Date: _____ Social Security Number: _____

Name: _____
Last First M.I.

Home Phone: _____ Work Phone: _____

Current Address: _____
Street City State Zip

How long have you lived at this current address? _____

Prior Address: _____
Street City State Zip

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the applicant process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of race, religion, color, gender, age, national origin, military status or disability. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to testing for the presence of drugs in your body. Depending on City policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the City. For your information, this application for employment shall be considered active for a period of one year. Applicants desiring consideration for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

AVAILABILITY

For which position are you applying? _____

What date can you start? _____

What category would you prefer? Full-time Part-time Temporary Seasonal

When are you available? Weekdays Weekends Evenings Nights Overtime Shift

EDUCATION

Please circle the highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

	NAME	CITY/STATE	DIPLOMA/DEGREE
High School			
College			
Other			

SECURITY

Yes No Is there any additional information relative to a different name or social security number necessary to check work record? If yes, please explain using the comments section on page 4.

Yes No If the job requires a driver's license, have you had any moving violations in the past three years? Please describe:

Yes No Are there any felony charges pending against you? If so, please describe below.

Yes No Have you been convicted of a felony within the past seven years? If so, please describe below. (Conviction will not necessarily disqualify an applicant from employment.)

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

JOB-RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

List any languages in which you are fluent: _____

Yes No If the job requires, do you have the appropriate valid driver's license? State of Issue: _____

Driver's License #: _____ Type: _____ Expiration Date: _____

Please list any other skills, licenses or certificates that may be job related or that you feel would be of value to this position.

Yes No Have you been given a job description or had the requirements of the job explained to you?

Yes No Do you understand these requirements?

Yes No Can you perform the requirements of this job with or without reasonable accommodation?

EMPLOYMENT EXPERIENCE

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical.

MOST RECENT EMPLOYER

Yes No Are you currently working for this employer?
 Yes No May we contact?

Company Name	City, State	Phone
Dates Employed (To/From)	Job Title	
Duties	Supervisor	
Salary (Per Hour/Week/Month)	Reason for leaving	

SECOND MOST RECENT EMPLOYER

Yes No Are you currently working for this employer?
 Yes No May we contact?

Company Name	City, State	Phone
Dates Employed (To/From)	Job Title	
Duties	Supervisor	
Salary (Per Hour/Week/Month)	Reason for leaving	

THIRD MOST RECENT EMPLOYER

Yes No Are you currently working for this employer?
 Yes No May we contact?

Company Name	City, State	Phone
Dates Employed (To/From)	Job Title	
Duties	Supervisor	
Salary (Per Hour/Week/Month)	Reason for leaving	

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YRS KNOWN/RELATIONSHIP
1.		
2.		
3.		

COMMENTS

Use bottom of page if necessary.

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me, the foregoing questions, and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or termination at any time during my employment. I authorize the City, and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If City policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE

DATE

revised 03/17/99)

