

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 (please print). 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: _____

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, sexual orientation, age, national origin, military status or disability. A felony conviction will not bar an applicant from employment as circumstances surrounding the conviction will be considered before making a hiring decision. 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 illegal drugs in your body. After an employment offer and before reporting for work, depending on City policy and the needs of the job, you may 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 Have you been ever been convicted of a felony? If so, please describe below. (Conviction will not necessarily disqualify an applicant from employment.)

NATURE OF CONVICTION	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 according to the job description.

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

Michigan law requires employers to make reasonable accommodations for applicants or employees who are qualified individuals with disabilities, provided these individuals make their accommodation needs known to the employer and the requested accommodation does not impose an undue hardship on the employer. Under the State of Michigan Persons with Disabilities Civil Rights Act, applicants or employees with disabilities must notify the City of any need for accommodation within 182 days of the date these individuals know or should have known of the need for accommodation. Failure to properly notify the City will bar any claim that the City failed to accommodate the person with a disability at the time needed under Michigan law.

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

IMPORTANT - To validate this Application, you must read the following and acknowledge the same by signing below.

I certify that I have read and understand the applicant note on page 1 of the Application and that all of the information given in this application or hereafter given by me in support of my application is true and complete. I understand and agree that any false or incomplete information provided by me will result in termination of the application process or, if discovered any time after hiring, termination from employment with the City of Dowagiac ("City").

I authorize the City and its agents to verify any of the information concerning my employment, education, or credit history with the appropriate individuals, schools, law enforcement agencies, companies, institutions or other agencies, and to conduct a criminal history background check. I authorize these individuals, schools, law enforcement agencies, companies, institutions or other agencies to release such information as the City or its agents require, including any record of disciplinary actions, without any obligation to give me written notice of such disclosure under the Michigan Bullard-Plawecki Act. I also authorize the City, its agents and/or its related entities to release all records of employment and disciplinary actions (excluding medical information) requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure under the Bullard-Plawecki Act. I hereby release the City, its City Counsel, City Manager, Assistant City Manager, agents and such other third parties from any liability whatsoever as a result of any such inquiries and disclosures, except as prohibited by law.

I acknowledge that any offer of employment extended by the City may be contingent upon the results of a physical examination and drug test satisfactory to the City in its sole discretion and upon my acceptance of such offer of employment I authorize and consent to such examination and drug testing. I understand that the results of such examination and drug testing shall be maintained on separate medical forms and medical files and that such confidential information shall only be disclosed to managers, supervisors, first aid and/or safety personnel regarding necessary restrictions or accommodations with respect to assigned work or for safety and/or medical purposes or to the City Manager or human resources staff or the City's legal representatives as required in the ordinary course of business.

I further understand that the on-duty possession or use of, or working under the influence of, illegal drugs is prohibited by the City. If City policy requires, I am willing to submit to drug testing to detect the illegal use of drugs prior to and during the term of any employment with the City.

I acknowledge and agree that this Application or any oral or written offer of employment shall not constitute a contract of employment. I agree that my employment, if hired by the City, is "at-will" and either I or the City may terminate the employment relationship at any time without cause and without prior notice. I further acknowledge and agree that the at-will employment relationship shall not be revoked or changed unless done in an applicable collective bargaining agreement or in a writing directed to me personally and signed and dated by me and the City Manager.

SIGNATURE

DATE

