

# APPLICATION FOR EMPLOYMENT



We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

Position Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

How Did You Learn About Us?

Friend  Advertisement  Inquiry  Employment Agency  Relative  Other \_\_\_\_\_

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)		Social Security Number (voluntary)	

Best time to contact you at home is: \_\_\_\_\_ AM PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO

Have you ever filed an application with us before? If Yes, give date \_\_\_\_\_ YES NO

Have you ever been employed with us before? If Yes, give date \_\_\_\_\_ YES NO

Do any of your friends or relatives, other than spouse, work here? YES NO

If Yes, state name, relationship, and location \_\_\_\_\_

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES NO

*Proof of citizenship or immigration status will be required upon employment*

Date available for work \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work: \_\_\_\_\_ Full Time (Please indicate 1 2 3 shift)  
 \_\_\_\_\_ Part Time (Please indicate Mornings Afternoon Evenings)  
 \_\_\_\_\_ Temporary (Please indicate dates available \_\_\_\_\_ - \_\_\_\_\_)

Are you currently on 'lay-off' status and subject to recall? YES NO

Can you travel if a job requires it? YES NO

## EDUCATION

School	Name and Address of School	Course of Study	# of Years	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

## ADDITIONAL INFORMATION

*State any additional information you feel may be helpful to us in considering your application, including any job related training in the U.S. Military.*

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without reasonable accommodation? YES NO

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

May we contact \_\_\_\_\_ Yes \_\_\_\_\_ No

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

May we contact \_\_\_\_\_ Yes \_\_\_\_\_ No

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

May we contact \_\_\_\_\_ Yes \_\_\_\_\_ No

## REFERENCES

Do not include family members or past supervisors.

Name	Phone Number	Best Time to Call	Occupation
1			
2			
3			
4			

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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 for a period of time not to exceed 45 days. 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 hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an 'at will' nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this 'at will' employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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.

Signature of Applicant	Date
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**AUTHORIZATION AND UNDERSTANDING**

*Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I authorize you to verify any of the information concerning my employment, education, driving record, criminal history, credit history or medical history with the appropriate individuals, companies, institutions or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment. If hired, I agree I will serve at the will of the City of Allegan and I agree that I shall be bound by the rules, policies, regulations and terms and conditions of employment of the City of Allegan as they are from time-to-time changed with or without cause, at any time for any reason. I agree that these arrangements may only be altered in writing directed to me personally by the Manager of the City of Allegan. I further agree that if I should bring any action or claim arising out of my employment against the City of Allegan in which the City of Allegan prevails, I will pay to the City of Allegan any and all costs incurred by the City of Allegan in defense of said claims or actions, including attorneys fees. I further agree that my employment is conditional until such time as the results of my pre-employment physical (if such physical is required) are known.*

*Past criminal convictions will not automatically disqualify an applicant for employment with the City of Allegan. Each applicant will be evaluated on his or her work history, qualifications and overall suitability for any particular position for which he or she has applied.*

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Date**