

EMPLOYMENT APPLICATION

We are an equal opportunity employer and shall consider qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

<i>(PLEASE PRINT)</i>		Date	
Name		Phone Number	
Street Address	City	State	Zip
Social Security No.	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you legally eligible for employment in this country?			
Do you have a valid Michigan driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, what type?		Driver's License No.	
Have you ever filed an application with us before?		If yes, give date	
Position desired		<input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal	
Are you currently employed?		May we contact your present employer?	
How soon would you be available for work?		Wage desired?	
Have you ever been convicted of a crime, excluding misdemeanors and traffic violations?			
If Yes, please explain			

<i>EDUCATIONAL HISTORY</i>				
School	Name & Location of School	# of Years Completed	Major Course of Study	Did you Graduate?
High School				
College or University				
Trade, Business, or Correspondence School				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities. (Please do not list those activities that would reflect race, color, religion, sex, national origin, disability or ancestry.)

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE. Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Dates Employed		Name and Address of Employer	Hourly Rate/Salary		Work Performed	Reason for Leaving
From	To		Starting	Final		

REFERENCES. Give the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business

AUTHORIZATION AND UNDERSTANDING: "I understand that the City may thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize the military, all individuals, schools and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information. I also hereby waive any right under the Bullard-Plawecki Right to Know Act, 1978 PA 397, to receive written notice from the City of Gaylord or any former or current employer, that disciplinary reports, letters of reprimand, or other disciplinary action taken against me while employed, will be or have been disclosed to a third person or entity.

I hereby consent to having a physical and/or mental examination(s) and/or test(s) conducted by a physician or other professional of the Employer's choice, and understand that any offer of employment is conditioned upon the results of this examination(s) and/or test(s).

I understand that to be employed I must be lawfully authorized to work in the United States, and I must show the employer documents that will prove this.

All of the information on this application and made in conjunction with this application is correct and true to the best of my knowledge. I understand that any false or misleading statement made by me in connection with this application or the failure to disclose any material information will be grounds for immediate dismissal.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, with or without cause, and without any prior notice at either my option or at the option of the City, it being mutually understood and agreed that my relationship with the Employer is one of employment at will and no representative of the Employer has any authority to enter into any agreement for employment for any period of time or to make any agreement contrary to the foregoing. I also understand and agree that any and all fringe benefits that I may receive as a result of my employment with the Employer may be modified by the Employer, and do not vest by reason of my employment, continued employment or otherwise.

I agree not to commence any action or suit relating to my employment with the Employer more than six (6) months after the date of termination of such employment, and to waive any statute of limitations to the contrary."

Signed _____

Date _____

***This employment application will be kept on file for six months.
If you wish to be considered after that time, you must complete a new application.***