

APPLICATION FOR EMPLOYMENT
City of Algonac
805 St. Clair River Drive; P.O. Box 454
Algonac, Michigan 48001
(810) 794-9361
www.algonac-mi.gov

Applicants for all positions are considered without regard to religion, race, color, national origin, age, gender, height, weight, disability, marital or veteran status or any other legally protected status.

STATE EXACT TITLE OF POSITION FROM THE JOB ANNOUNCEMENT					DATE			
LAST NAME		FIRST NAME			MIDDLE INITIAL			
ADDRESS			CITY		STATE		ZIP CODE	
HOME PHONE		BUSINESS PHONE			SOCIAL SECURITY NUMBER			
DRIVER'S LICENSE NUMBER				CLASS/TYPE				
ISSUED BY STATE OF:				EXPIRATION DATE				
DATES OF US MILITARY SERVICE		BRANCH OF SERVICE		TYPE OF DISCHARGE		If you are claiming preference as a Veteran or disabled Veteran, you must attach a copy of your discharge documents and your V.A. Disability letter and claim number		
CHECK THE BOX FOR EACH QUESTION			YES	NO	CHECK THE BOX FOR EACH QUESTION		YES	NO
Are you a United States Citizen?					If not, are you legally authorized to work in the United States?			
Have you ever been convicted of a crime other than a minor traffic violation? If so, when and what was the nature of the crime?					Are there any felony charges currently pending against you? If so, what?			
List names of any relatives who are City Council Members, appointees or employees of the City and your relationship.				Have you ever been employed by the City of Algonac? If yes, when? What was your title?				
EDUCATION	NAME AND LOCATION	YRS.COMPLETED	MAJOR SUBJECT		GPA	DEGREE OR CERTIFICATE RECEIVED		
HIGH SCHOOL								
COLLEGE								
COLLEGE								
GRADUATE								
VOCATIONAL TRAINING								

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

Discuss your computer skills.

List any licenses, registrations, or certificates you possess. List memberships in professional organizations and positions held.

EMPLOYMENT EXPERIENCE

Describe below all the positions you have held, starting with your present position and working back. If you have never been employed or are presently unemployed, indicate this fact in the space provided for "Reason for Leaving". Do not attach additional sheets; rather, make blank copies of this sheet if necessary.

Employer: _____ Telephone (____) _____

Address: _____ Dates of Employment: _____

Job Title: _____ Reason for Leaving: _____

Name and Title of Supervisor: _____

May we contact this present employer listed above for a reference? Yes No

Employer: _____ Telephone (____) _____

Address: _____ Dates of Employment: _____

Job Title: _____ Reason for Leaving: _____

Name and Title of Supervisor: _____

May we contact this previous employer listed above for a reference? Yes No

Employer: _____ Telephone (____) _____

Address: _____ Dates of Employment: _____

Job Title: _____ Reason for Leaving: _____

Name and Title of Supervisor: _____

May we contact this present employer listed above for a reference? Yes No

REFERENCES

Please list four persons who have knowledge of your experience and qualifications for this position, preferably current or previous supervisors, co-workers, instructors, etc. Do not include relatives. If you are known to your references by another name, please note.

Name:	Relationship:
Address	Telephone:
	Years Acquainted:
Name:	Relationship:
Address:	Telephone:
	Years Acquainted:
Name:	Relationship:
Address:	Telephone
	Years Acquainted:
Name:	Relationship
Address:	Telephone
	Years Acquainted:

Where did you learn about this position? Please specify: _____

Occasionally, the form of an application blank makes it difficult for an individual to adequately summarize his/her complete background. Use the space below to summarize any additional information necessary to describe your full qualifications:

Have you ever been dismissed from or asked to resign from any employment position: Yes No

If yes, please explain: _____

APPLICANT'S CERTIFICATION
CITY OF ALGONAC

Please read carefully before signing.

I certify that all information contained in this application is true, correct and complete to the best of my knowledge. I agree and understand that the City of Algonac has the right to refuse to hire or immediately discharge me, at any time, if it discovers that I have provided incomplete, untrue, or misleading answers or information in this application or on any other documents or forms submitted at any time during my employment.

I authorize former employers, law enforcement organizations, educational institutions, and any other third party contacted by the City to release to the City any information they have regarding me without providing written notice to me. I further authorize my prior employers to disclose all personnel information and specifically waive my right to notice under the Bullard Plawecki Employee Right to Know Act, I authorize investigation of my personal history, financial and credit record, criminal history and/or driving history through any investigative agencies of the City's choosing and will sign all necessary authorization to allow such an investigation.

I also understand that if I am considered favorably for employment, I may be required to undergo, at the City's expense, a psychological exam and/or a medical examination that will include drug screening.

If hired, I will serve at the will of the employer and I agree that I shall be bound by the rules, policies, regulations, and terms and conditions of employment of the City of Algonac as they are from time -to-time changed with or without notice to me. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the City of Algonac in any way to employ me. I agree that the City may terminate the employment relationship, with or without cause, and with or without notice. This provision supersedes any oral or written representation to the contrary unless in writing and signed by both the City Manager, the Mayor, and the person to whom the writing is directed.

As a condition of employment, I agree not to commence any action or claim relating to my application for employment, my employment with, or separation from, the City of Algonac including but not limited to claims arising under the common law or state or federal civil right statutes more than One Hundred and Eighty (180) days after termination of such employment, the date of this application, or the events giving rise to the claim. I expressly waive any statute of limitations that is contrary to the One Hundred Eight (180) day statute of limitation set forth above.

I understand that, prior to being offered employment, I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the City prior to the test so that a reasonable accommodation can be made. The City reserves the right to require medical documentation regarding the need for accommodation.

Under Michigan Law only, I understand that if I am unable to perform the duties outlined on the job description for the position I seek (or later hold) without an accommodation, assistance or an adaptive aid or device I must notify the City of my special need in writing within 182 days of the time I know or should have known of my need.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted, to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to the City. Furthermore, I hereby release from liability the City and all of its agents and representatives for their acts performed in investigating, reviewing and/or evaluating my application, credentials, background and all individuals, organizations, firms, institutions and courts releasing information pertinent to my application.

Signature: _____

Date: _____

Printed Name: _____