APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department

Please Print

Name_____
Last First Middle Initial

Address _____
Street City

State _____ Zip _____

Telephone #_____ E-mail Address_____

Position applied for _____Date of application_____/_____/ _____

Referral Source (Please check the appropriate category and name the source.)

☐ Walk-in_____ ☐ School _____

☐ Employee_____ ☐ Job Fair _____

☐ Advertisement _____ ☐ Staffing Agency_____

☐Company's Website _____ ☐ Government Employment Agency _____

☐ Other Internet _____ ☐ Other _____

If necessary, best time to call you at home is_____ AM PM

May we contact you at work? ☐Yes ☐No

If yes, work number and best time to call:

( )
_____

If you are under 18 and it is required,
Can you furnish a work permit? ☐Yes ☐No

If no, please explain _____

Have you submitted an application here before? ☐Yes ☐No

If yes, give date(s) and position(s) _____

_____

Have you ever been employed here before? ☐Yes ☐No

If yes, give dates: From ____/____/____ To ____/____/____

Will you work overtime if required? ☐Yes ☐No

If no, please explain_____

_____

Driver's License #_____

Have you ever been bonded? ☐Yes ☐No

Answering "yes" to the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of, a felony? ☐Yes ☐No

If yes, please provide date(s) and details:

_____

_____

EMPLOYMENT HISTORY

Starting with your most recent employer, provide the following information for all full and part-time positions held, including military service. *Please request additional copies of this page if necessary.*

Employer	Telephone #	Month Year Month Year Dates Employed / to /
Street address	City	State Zip
Starting job title/final job title		
Immediate Supervisor and title (for most recent position held)		May we contact for reference? ☐ Yes ☐ No ☐ Later
Why did you leave?		
Summarize the type of work performed and job responsibilities:		

Employer	Telephone #	Month Year Month Year Dates Employed / to /
Street address	City	State Zip
Starting job title/final job title		
Immediate Supervisor and title (for most recent position held)		May we contact for reference? ☐ Yes ☐ No ☐ Later
Why did you leave?		
Summarize the type of work performed and job responsibilities:		

Employer	Telephone #	Month Year Month Year Dates Employed / to /
Street address	City	State Zip
Starting job title/final job title		
Immediate Supervisor and title (for most recent position held)		May we contact for reference? ☐ Yes ☐ No ☐ Later
Why did you leave?		
Summarize the type of work performed and job responsibilities:		

Please list all employment experience. If more space is required, please type on separate sheet of paper.

EMPLOYMENT HISTORY (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability:

If not addressed on previous page, have you ever been fired or asked to resign from a job? ☐ Yes ☐ No

If yes, please explain _____

_____

Are you a citizen of the United States? ☐ Yes ☐ No. Are you prevented from lawfully becoming employed in this country because of VISA or immigration status? ☐ Yes ☐ No

EDUCATIONAL BACKGROUND

Starting with your most recent school attended (beginning with high school) and provide the following information.

School (include city & state)	Years Completed	Completed	GPA Class Rank	Major/Minor
		☐ Diploma ☐ GED ☐ Degree _____ ☐ Certification_____ ☐ Other _____		
		☐ Diploma ☐ GED ☐ Degree _____ ☐ Certification_____ ☐ Other _____		
		☐ Diploma ☐ GED ☐ Degree _____ ☐ Certification_____ ☐ Other _____		
		☐ Diploma ☐ GED ☐ Degree _____ ☐ Certification_____ ☐ Other _____		

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

☐ Word Processing _____ Years _____ ☐ Internet _____ Years _____

☐ Spreadsheet _____ Years _____ ☐ Other _____ Years _____

☐ Presentation _____ Years _____ ☐ Other _____ Years _____

☐ E-mail _____ Years _____ ☐ Other _____ Years _____

REFERENCES

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship To You	Telephone	Number of Years Known

RELATED INFORMATION

To what job-related organizations (professional, trade, etc.) do you belong?
Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.
Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

_____

_____

Is there any other job-related information you want us to know about you? _____

APPLICANT STATEMENT

I CERTIFY THAT THE PRECEEDING INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

___Yes ____ No I have read the job description and I am able to meet the mental and physical requirements for this position.

I ALSO UNDERSTAND AND AGREE THAT:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal or, if employed, termination from employment.

2. It is my understanding that the City of Owosso will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the City of Owosso and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.

3. I agree that my employment may be terminated by the City of Owosso at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the City of Owosso at any time, I agree to submit to search of my person or locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination. I understand and agree that I may be required to take a physical examination, at the City expense, at any time to determine if I am physically fit for the job I am to perform, and I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with the City of Owosso.

4. Although the City of Owosso makes every effort to accommodate individual preferences, operational needs may at times make the following conditions mandatory: overtime, shiftwork, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

I further understand that this is an application for employment and that NO employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the City of Owosso can change wages, benefits, and conditions at any time.

I have read and understand the above.

_____ _____

Signature of Applicant Date

SPECIAL NOTE: THIS APPLICATION WILL BE KEPT ON FILE FOR TWELVE (12) MONTHS ONLY. RESUMES MAY BE ATTACHED TO THIS APPLICATION TO PROVIDE ADDITIONAL INFORMATION.
www.ci.owosso.mi.us