



APPLICATION FOR EMPLOYMENT

City of Douglas
86 W. Center Street
PO Box 757
Douglas, MI 49406
(269)857-1438

www.ci.douglas.mi.us.com

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. NOTICE: Applicants may be required to complete a pre-employment physical including drug testing.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number			

Best time to contact you 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? Yes No

 If Yes, give date _____

Have you ever been employed with us before? Yes No

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

Are you currently employed? Yes No

Are you legally eligible for employment in this country? Yes No

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

Date available to start 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 ____/____/____ - ____/____/____)

Will you work overtime if required? Yes No

 If No, please explain _____

Can you travel if a job requires it? Yes No

Have you ever been bonded? Yes No

Have you ever pled "guilty" or "no context" to, or been convicted of a crime?*. Yes No

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

*Answering "Yes" to this question 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 considered. If you need additional space, use a separate sheet of paper.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

List any specialized training, apprenticeship, skills, extra-curricular activities, etc.

List any additional information you would like us to consider.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, or any other similarly protected status.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job related military service assignments and volunteer activities. Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, or any other similarly protected status.

Employer	Telephone #	Date Employed		Work Performed
Address		From	To	
Job Title		Hourly Rate Salary		
Immediate Supervisor	May We Contact For Reference <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting	Final	
Reason for Leaving				
Employer	Telephone #	Date Employed		Work Performed
Address		From	To	
Job Title		Hourly Rate Salary		
Immediate Supervisor	May We Contact For Reference <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting	Final	
Reason for Leaving				
Employer	Telephone #	Date Employed		Work Performed
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Job Title		Hourly Rate Salary		
Immediate Supervisor	May We Contact For Reference <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting	Final	
Reason for Leaving				

List any additional information you would like us to consider. Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, or any other similarly protected status.

ADDITIONAL INFORMATION

REFERENCES

Name	Telephone #
Address	Number of Years Known
Name	Telephone #
Address	Number of Years Known
Name	Telephone #
Address	Number of Years Known

DEPARTMENT OF PUBLIC WORKS APPLICANTS ONLY:

Do you have a CDL certification? Yes No
If Yes, A B C

Endorsements _____

Issuing State _____ Current DOT Physical _____ Expiration Date _____

Valid Driver's License Number _____

Briefly state the areas of your experience (example: Heavy, Highway, Building, Utility, and General Earthmoving).

Years of experience: Loaders _____ Backhoes _____ Track hoes _____ Dozers _____ Rollers _____

Compactors _____ Oilers _____ Scrapers _____ Rough-Blade _____ Finish-Blade _____ Mechanic _____

Forklifts _____ Bobcats _____ Trucks _____ Pipeline _____ Foreman _____

Crane (sizes and types) _____

Endorsements and/or Certifications _____.

Utility Worker _____ Grade Checker _____

List any other not mentioned _____

Physical Requirements

- Employees must be able to meet and comply with the manufacturer's weight limitation safety rating and recommendations for any equipment associated with performing their duties, including the 300 lb. safety rating for ladders (both portable and affixed) and fall arrest equipment.
- Heavy work, lifting up to 70 pounds occasionally and up to 100 pounds on a rare basis.
- Reach/handle/finger/feel/stoop/bend/kneel/crouch/crawl/balance/climb.
- Demonstrate auditory and visual acuity/tracking/inspection.

APPLICANT'S STATEMENT

- I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct.
- I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.
- I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain any information related to my suitability for employment from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify that accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.
- I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.
- I understand that this application remains current for only one year. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.
- If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's City Manager or Designee.
- I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete and I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** _____/_____/_____

FOR PERSONNEL DEPARTMENT USE ONLY

Position Applied For _____

Arrange Interview Yes No

Date _____ Time _____

Remarks _____

