



# Employment Application

## City of St. Johns

Please return completed application to: City of St. Johns, PO Box 477, St. Johns, MI 48879

We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications. We are an equal opportunity employer that does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provisions of services.

Today's Date: \_\_\_\_\_ Position Desired: \_\_\_\_\_ Date Available: \_\_\_\_\_

Type of Employment Desired:     Full Time     Part Time     Seasonal

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are there any reasons you may have difficulty in performing any of the major duties of the job for which you have applied?:  Yes     No      If yes, please explain \_\_\_\_\_

Are you 18 years or older?:  Yes       No

Are you authorized to work in the U.S.?  Yes     No

(You will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act.)

Have you ever been convicted of a felony?     Yes       No

Are any felony charges pending against you?     Yes       No

You will not be denied employment solely because of a conviction record unless the offense is related to the job for which you have applied or there is a legitimate safety concern due to the nature of the employer's business.

Do you have a valid Michigan driver's license?  Yes       No

Driver's License Number: \_\_\_\_\_       Operator     CDL       Chauffeur

### Employment History:

Please list your complete employment history. List present or most recent employer first. Use an additional page, if necessary.

Employer	Employed (month/year)  From: To:	Type of work performed	Present or last salary	Reason for leaving
Address/City				
Name of Supervisor				

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**Educational Background:**

High School Graduate:  Yes                       No                       GED

College/Business School: \_\_\_\_\_ Degree: \_\_\_\_\_

Trade or Vocational School: \_\_\_\_\_ Certificate: \_\_\_\_\_

Other Course Work: \_\_\_\_\_

**Special Skills and Qualifications:**

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I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. 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 by conduct unless such change is approved by the City Commission and specifically acknowledged in writing by the Mayor. I understand, also, that I am required to abide by all rules and regulations of the City of St. Johns. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize my former employers to provide the City of St. Johns any information pertaining to my employment by them, including but not limited to: my job title, department, headquarters, service date, termination date, reason for termination. I also specifically waive the written notice requirement of Section 6 of Public Act 397 of 1978 and its amendments if any pertaining to a disciplinary report, letter of reprimand or other disciplinary action.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_