



APPLICATION FOR EMPLOYMENT

To the Applicant: We appreciate your interest in the City of Ishpeming and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, the presence of a medical condition or handicap, height, weight or any other protected status.

PERSONAL

Name _____ Date of Application _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (ZIP)

Telephone Number (with area code) _____ Social Security No. _____

Have you filed an application before? Yes No

If Yes, date(s) _____

Are you a relative by birth or marriage to any City of Ishpeming elected official or current employee? Yes No

If Yes: _____
Name Relationship

Are you under 18 years of age? (If yes, attach work permit) Yes No

Are you currently working? Yes No

Are you on lay-off? Yes No

If Yes, are you subject to recall? Yes No

Will you submit to a drug screening test? Yes No

Have you ever been employed by the City of Ishpeming? Yes No

If Yes: _____
Position Department Dates

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No
(Proof of citizenship or immigration status may be requested upon employment.)

Have you ever been fired? Yes No

If Yes, give date, where you worked and explanation: _____

Have you ever been convicted of a crime? Yes No

If Yes, completely describe including location and date: _____

**NOTE: A conviction record will not necessarily be a bar to employment.
Factors such as age, time of offense, seriousness and nature of violation, and rehabilitation will be considered.**

EMPLOYMENT DESIRED

Position(s) applied for _____

Kind of work sought: Full Time Part Time Other _____

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for?

Salary desired _____ Date available to work _____

Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer.

Under Michigan law only, disabled employees and applicants may request an accommodation of their disability by notifying the City in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's right under the Americans with Disabilities Act. Failure to properly notify the City may preclude any claim that the employer failed to accommodate the disabled individual.

EMPLOYMENT EXPERIENCE (List current or most recent job first.)

1	Employer	Date		Work Performed
	Address	From	To	
	City State ZIP			
	Phone Number (with area code)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			

2	Employer	Date		Work Performed
	Address	From	To	
	City State ZIP			
	Phone Number (with area code)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			

3	Employer	Date		Work Performed
	Address	From	To	
	City State ZIP			
	Phone Number (with area code)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			

LIST ALL OTHER JOBS HELD ON A SEPARATE SHEET.

EDUCATION	Name/Location	Years Completed	Diploma/ Degree	Courses of Study
Elementary				
High School				
College				
Graduate				
Vocational/Training				

Any other educational training? _____

REFERENCES (Do not include relatives or former employers.)

	Name	Address	Phone Number	Years Acquainted
1				
2				
3				

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes No

If Yes, what branch? _____ Rank at Discharge _____ Date of Discharge _____

Are you in the reserves? Yes No

If Yes, date obligation ends _____

Special/technical training _____

Were you honorably discharged? Yes No

NOTE: A dishonorable discharge from the military will not necessarily be a bar to employment.

ADDITIONAL INFORMATION

Do you have a valid driver's license? Yes No License No. _____ State _____

List professional trade, business or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex, national origin, handicap, marital or veteran status, height, weight or age _____

State any additional information that you feel may be helpful to us in considering your application. _____

Name, address, and telephone number of the person to be notified in the event of accident or emergency _____

AUTHORIZATION AND UNDERSTANDING

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my background, including but not limited to, my employment, driving record, education, criminal history, or medical history (post-offer only), with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures and this release from liability does not waive or prohibit an individual from filing a charge of discrimination under the laws enforced by the EEOC. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship, with or without cause, at any time (just cause for union employees), and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the City Manager. I agree that I shall be bound by all rules, policies, regulations and terms and conditions of employment of the City as they now exist or are from time to time changed, and no additional obligations can be imposed on the City except those which have been acknowledged in writing, by the City Manager or his designated representatives. I hereby authorize the City to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owed by me to, the City during the course of my employment.

I agree that any action or suit against the City, it's agents or employees, arising out of my employment or termination of employment, including, **but not limited to, claims arising under State, but not Federal, civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred unless the applicable statute of limitations period is shorter than 180 days in which case I will continue to be bound by that shorter limitations period. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the City, in which the City prevails, I will pay to the City and all such costs incurred by the City in defense of said claims or actions, including attorney fees.** I further agree that my employment is conditional until such time as the results of my post-offer physical (if such physical is required) are known.

Signature _____ Date _____