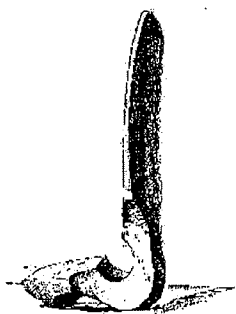


# APPLICATION FOR EMPLOYMENT

City of Algonac  
 805 St. Clair River Drive  
 P.O. Box 454  
 Algonac, MI 48001  
 (810) 794-9361



*Applicants are considered for all positions without regard to race, creed, sex, religion, national origin, age, height, weight, marital status, veteran status, or disability. Any job offer is contingent on successful completion of any required medical, psychological, and substance abuse examination.*

**INSTRUCTIONS:** Please complete all sections of this application as much as possible. You must provide documentation verifying required education or licensing requirements at time of application. Applicants are responsible for informing the City Manager of any change to names, addresses or phone numbers. All information must be provided on this application form. **Resumes will not be accepted.** Make additional copies of pertinent pages of this application if required and attach to the packet.

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 THE STATE OF				EXPIRATION DATE	
DATES OF U.S. 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	
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? An affirmative answer does not automatically disqualify you.				Are there any felony charges currently pending against you?	
Have you ever been discharged or asked to resign from a position? If yes, explain fully. An affirmative answer does not automatically disqualify you from employment.				Have you ever been employed by the City of Algonac? If yes, when? What was your title?	
EDUCATION		NAME and LOCATION		YEARS COMPLETED	
HIGH SCHOOL					
COLLEGE					
COLLEGE					
GRADUATE					
VOCATIONAL TRAINING					
				MAJOR SUBJECT	
				DEGREE or CERTIFICATE RECEIVED	

**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?

What languages do you speak and write fluently?

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 or 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 or 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 or No**



# APPLICANT'S CERTIFICATION

Please read carefully before signing.

*I certify that all information contained in this application is true and complete to the best of my knowledge. I agree and understand that any misstatement or falsification of material facts will result in my forfeiting any rights to consideration for employment with the City of Algonac or being considered for employment with the City of Algonac any time during the next five years, or if employed, being subject to immediate discharge.*

*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 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 suit relating to my employment relationship with the City of Algonac arising out of my employment or termination of employment including but not limited to claims arising under state or federal civil rights statutes must be brought within 301 calendar days after the date of termination of employment or in the time prescribed by the applicable statute, which ever is less. Further, I agree to waive any statute of limitation exceeding 301 days.*

*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 accomodation can be made. The City reserves the right to require medical documentation regarding the need for accomodation.*

*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.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_