



Employment Application

INSTRUCTIONS: It is important to fill out all sections of this application completely and to the best of your ability. The City of Jonesville is an Equal Opportunity Employer.

Current Information

| | | | | |
|------------------|---------------|--|---------------------------------------|--------------------------------------|
| Desired Position | | Full Time <input type="checkbox"/> | Part Time <input type="checkbox"/> | Seasonal <input type="checkbox"/> |
| Today's Date | | Date available for employment | | |
| Applicant Name | | | | |
| Address | | City | State | Zip |
| Phone No. | Email Address | Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, what is your birth date? | |

General Information

| | | |
|--|---------------------------------|--------------------------------|
| Have you ever been employed with the City of Jonesville? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, what department and when? | | |
| Have you ever applied to the City of Jonesville before? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, what position and when? | | |
| Are you related by blood, marriage, or adoption to any City employee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, state name and relationship. | | |
| Will you require any accommodations to perform the essential duties of the position that you have applied for? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you prevented from lawfully becoming employed in this country because of visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you ever been convicted of a felony? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, please explain. | | |

NOTE: a conviction record will not necessarily exclude an applicant from employment. Factors such as the nature of the offense, age at the time, how recent the offense occurred, and rehabilitation efforts will be considered.

Education

| | | | |
|--|-----------------|---------------------------------|--------------------------------|
| Have you received a high school diploma or equivalent? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Name of High School | | City | State |
| Name of College or University Attended | | City | State |
| Credit Hours Completed | Degree Achieved | | |
| Name of Graduate School Attended | | City | State |
| Credit Hours Completed | Degree Achieved | | |
| Name of Technical School Attended | | City | State |
| Credit Hours Completed | Degree Achieved | | |

Military Service

| | | |
|--|-----------------------|----------------|
| Branch of Service | Highest Rank Achieved | Discharge Date |
| List any specialized duty skills and/or training applicable to the position. | | |

Skills

| |
|---|
| Please list your skills, abilities, special certifications and/or licenses, training or certifications that are applicable to the position. |
| |

Employment History

Record your complete work history below, beginning with your current or most recent employer. Attach additional sheets, if necessary. Account for gaps in work history and include related volunteer experience.

| | | | |
|--|--------------------|---------------------------------------|---------------------------------------|
| Employer or Company | | | |
| Address | | City | State Zip |
| Job Title | | Starting Salary | Ending Salary |
| Name & Title of Supervisor | | Full Time <input type="checkbox"/> | Part Time <input type="checkbox"/> |
| Dates Employed | Reason for Leaving | | |
| Duties | | | |
| | | | |
| If this is your current employer, may we inquire of this employer about your qualifications? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| | | | | |
|----------------------------|--|--------------------|---------------------------------------|---------------------------------------|
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| Name & Title of Supervisor | | | Full Time <input type="checkbox"/> | Part Time <input type="checkbox"/> |
| Dates Employed | | Reason for Leaving | | |
| Duties | | | | |
| | | | | |

| | | | | |
|----------------------------|--|--------------------|---------------------------------------|---------------------------------------|
| Employer or Company | | | | |
| Address | | City | State | Zip |
| Job Title | | Starting Salary | Ending Salary | |
| Name & Title of Supervisor | | | Full Time <input type="checkbox"/> | Part Time <input type="checkbox"/> |
| Dates Employed | | Reason for Leaving | | |
| Duties | | | | |
| | | | | |

| | | | | |
|----------------------------|--|--------------------|---------------------------------------|---------------------------------------|
| Employer or Company | | | | |
| Address | | City | State | Zip |
| Job Title | | Starting Salary | Ending Salary | |
| Name & Title of Supervisor | | | Full Time <input type="checkbox"/> | Part Time <input type="checkbox"/> |
| Dates Employed | | Reason for Leaving | | |
| Duties | | | | |
| | | | | |

References

Please do not list relatives

| | | | |
|---------------|---------------------|------------------|-----|
| Name | Phone No. | | |
| Email Address | Relationship to You | Years Associated | |
| Address | City | State | Zip |

| | | | |
|---------------|---------------------|------------------|-----|
| Name | Phone No. | | |
| Email Address | Relationship to You | Years Associated | |
| Address | City | State | Zip |

| | | | |
|---------------|---------------------|------------------|-----|
| Name | Phone No. | | |
| Email Address | Relationship to You | Years Associated | |
| Address | City | State | Zip |

Authorization for Release of Information

This release and authorization acknowledge that the City of Jonesville may now or at any time while you are employed, conduct a verification of your education, personal references, motor vehicle records, credit reports, and to receive any criminal history record information pertaining to you which may be in the files of any federal, state or local criminal justice agency in Michigan, or any other state, and/or other information as deemed necessary to fulfill the job requirements. The result of this verification process will be used to determine employment eligibility under the City of Jonesville employment policies. All results will be proprietary and will be kept confidential.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I have read and understand this release and consent and I authorize the background verification. I authorize all individuals, school, current and former employers, financial or credit institutions, and other organizations and agencies to provide the City of Jonesville with all information requested and I hereby release the individuals and organizations that provide such information from any and all claims and damages connected with their release of any requested information. I agree that a copy of this document is as valid as the original.

I do hereby agree to forever release and discharge the City of Jonesville and their associates from any claims, damages, losses and expenses or another charge or complaint filed with any agency arising from retrieving and reporting of information and acknowledge notice of right to receive a copy upon written request.

| | | | |
|---------------------|--------------------|-------|----------------|
| Applicant Name | | | |
| Address | City | State | Zip |
| Phone No. | Driver License No. | | State of Issue |
| Applicant Signature | | Date | |