



# City of Mt. Pleasant Application for Employment

320 West Broadway Street  
Mt. Pleasant, Michigan 48858-2447  
(989) 779-5314 or TTY at 1-800-649-3777  
Web Site: www.mt-pleasant.org

The City of Mt. Pleasant is an Equal Opportunity Employer. We consider all candidates without regard to sex, race, color, age, height, weight, marital status, national origin, religion, disability, color, familial status, genetic traits, or any other legally protected status or activity. We will attempt to provide reasonable accommodation for eligible individuals with a disability if requested.

**Instructions:** Type or print in ink. Complete all questions, using additional paper if necessary.

Writing "see resume" is not appropriate. Please return the application to the Human Resources Department, City Hall.

Position applied for: \_\_\_\_\_ Where did you see this position advertised: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City State Zip Code

Telephone #: (\_\_\_\_) \_\_\_\_\_ Cell/Beeper #: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

If you are under 18 years of age, and it is required, can you provide a work permit?  Yes  No  
If "Yes", please attach a work permit. If "No", please explain \_\_\_\_\_

Have you ever been employed by the City of Mt. Pleasant?  Yes  No  
If "Yes", please give dates of employment and position \_\_\_\_\_

Do you have any friends or family employed by the City of Mt. Pleasant?  Yes  No  
Please provide their names, departments, and relationship to you \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No

Complete only if the position for which you are applying for requires a Driver's License:  
Valid Driver's license number: \_\_\_\_\_ Exp. Date \_\_\_\_\_ State \_\_\_\_\_

Has your Driver's License ever been revoked or suspended?  Yes  No  
If "Yes," provide the date(s) and details: \_\_\_\_\_

Would you like this application to remain confidential during the pre-interview phase?  Yes  No

Date available for work: \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary or hourly rate? \_\_\_\_\_

Type of employment desired  Full-time  Part-time  Temporary  Educational Internship

Can you work overtime and/or weekends if required?  Yes  No

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?  
*This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, need for an accommodation, or your specific situation. These issues may be discussed at a later stage.*  
 Yes  No  I have not reviewed the "essential functions" of the position for which I am applying.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?  Yes  No  
If "Yes", provide date(s) and details \_\_\_\_\_  
*Note: A conviction record will not necessarily bar you from employment.*

Are there any felony charges pending against you?  Yes  No  
If "Yes," provide date(s) and details \_\_\_\_\_  
*Note: Pending charges will not necessarily bar you from employment. Do not identify any pending misdemeanor charges.*

Have you ever been dismissed or asked to resign from a previous job?  Yes  No  
If "Yes", please explain \_\_\_\_\_

The City of Mt. Pleasant will use your Driver's License number and date of birth to run a criminal background (for all positions) and driving record status verification, if applicable. Please sign here as your authorization for the City to proceed with said verifications.  
Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Employment History

List your employment history for the past 10 years, starting with your current or most recent employer.

Starting Job Title/ Final Job Title <hr/> Company Name and Immediate Supervisor <hr/> Address <hr/> Telephone #: _____ Fax #: _____ (____) _____ (____) _____ Describe the type of work performed: <hr/> <hr/> Reason for leaving: <hr/>	Dates employed (Month/Year) From: _____ / _____ To: _____ / _____ <hr/> Starting <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ Bonus/Commission/ Other \$ _____ per _____ <hr/> Final <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ Bonus/Commission/ Other \$ _____ per _____ Average hours worked _____ per week: Number of employees supervised: _____ May we contact this employer for reference <input type="checkbox"/> Yes <input type="checkbox"/> No
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Starting Job Title/ Final Job Title	Dates employed (Month/Year) From: / To: /
Company Name and Immediate Supervisor	Starting <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ Bonus/Commission/ Other \$ _____ per _____
Address	Final <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ Bonus/Commission/ Other \$ _____ per _____
Telephone #: _____ Fax #: _____ (____) _____ (____) _____	Average hours worked _____ per week:
Describe the type of work performed: _____ _____	Number of employees supervised: _____
Reason for leaving:	May we contact this employer for reference <input type="checkbox"/> Yes <input type="checkbox"/> No

For positions listed in your employment history, please identify any aliases or alternative names used:

Please explain any gaps in your employment, other than those caused by personal illness, injury, or disability. \_\_\_\_\_

**Computer Skills** (Indicate software titles and years of experience)

<input type="checkbox"/> Word Processing _____ Years: ____	<input type="checkbox"/> Internet _____ Years: ____
<input type="checkbox"/> Spreadsheet _____ Years: ____	<input type="checkbox"/> Graphics _____ Years: ____
<input type="checkbox"/> Presentation _____ Years: ____	<input type="checkbox"/> Typing WPM _____ Years: ____
<input type="checkbox"/> E-Mail _____ Years: ____	<input type="checkbox"/> Ten Key _____ Years: ____
<input type="checkbox"/> Database _____ Years: ____	<input type="checkbox"/> Other: _____ Years: ____

Summarize any special training, accomplishments, professional memberships, skills, licenses, and/or certificates (CDL, MCOLES, military experience, trade specific licenses, CPR) that may assist you in performing the position for which you are applying \_\_\_\_\_

**Educational Background**

Circle the highest grade completed in high school; 8 9 10 11 12 GED		Name of High School		Location	
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No					
College, University, Vocational, Trade, or Technical School and address		Dates Attended From To		Areas of Study	
Degree or Trade		Credit hours completed or documentation			

## References

Provide the name, relationship, and telephone number of five school, business or work references who are not related to you.

NAME	TITLE	RELATIONSHIP	TELEPHONE	# OF YEARS KNOWN
			(    )	
			(    )	
			(    )	
			(    )	
			(    )	

### **Applicant Statement**

Instructions: Please carefully read the following paragraphs and initial each paragraph. By doing so, you hereby acknowledge that you have read, understand, and agree to the terms.

I certify that the information in this application is true, complete, and correct to the best of my knowledge and I understand that any falsification, misstatement, misrepresentation, or omission of any information submitted in connection with my application, resume, or interview, whether in this document or not, may result in rejection of my application or, if hired, in dismissal from employment. I agree to notify the City of Mt. Pleasant if any of the information disclosed in this application changes while my application is pending or, if hired, during my employment. \_\_\_\_\_

I understand that the employer, the City of Mt. Pleasant, further known as the City does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law. \_\_\_\_\_

I understand that under Michigan Law, disabled applicants and employees may request an accommodation for their disability by notifying the City, in writing, of the need for an accommodation within one hundred eighty two (182) days of the date the individual knew or reasonably should have known that an accommodation was needed. Failure to do so will preclude a claim that the City failed to accommodate the disability.

If I am hired, I understand that I am an **At-Will** employee and I am free to resign at any time, with or without cause and with or without prior notice, and the City reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law or written contract with me. This application does not constitute an agreement or contract for employment for any specified period of time. I understand that no employee or representative of the City is authorized to make any assurances contrary to the provisions of this paragraph. I understand that no oral or written agreements contrary to the provisions of this paragraph are valid unless they are in writing and signed by the City Manager. \_\_\_\_\_

I expressly authorize, without reservation, the City, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the 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 City, its agents, employees, or representatives, for seeking, gathering, and using information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me. \_\_\_\_\_

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form. \_\_\_\_\_

I agree and understand that any employment offer is conditional upon the results of the post-offer, pre-employment reference and/or credit check, criminal background check, driving record check (if applicable), drug screening and medical examination. \_\_\_\_\_

**I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF EACH OF THE ABOVE STATMENTS.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Return the completed application form and all requested information, along with any additional work related materials you wish to supply (resume) to the Human Resources Office, 320 West Broadway Street, Mt. Pleasant, MI, 48858-2447. Applications received after the posted deadline will not be considered.

**Thank you for applying with the City of Mt. Pleasant and we wish you well in your career search.**