	City of Mt. Application for 320 West Broa Mt. Pleasant, Mich www.mt-ple (989) 77 People with hearing	Employment adway Street iigan 48858-2447 easant.org 9-5314 g loss: Dial 7-1-1		
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, sexual orientation, gender identity or expression, genetic traits, veteran status, or any other legally protected status or activity. We will attempt to provide reasonable accommodation for eligible individuals upon request.				is, or any other
Type or print in ink. Complete all	<i>questions, using additional p</i>		g "see resume" is	not appropriate.
Position applied for:	Where	e did you see this position	advertised:	
Name:Last	First		Middle	
Address:	Street	City	State	Zip Code
Telephone #: ()C	ell #: () E-	-Mail Address:		
If you are under 18 years of age, a If " Yes ", please attach a work permit			🗌 Yes 🗌 No	
Have you ever been employed by If " Yes ", please give dates of employ			Yes No	
Do you have any friends or family Please provide their names, departme		t. Pleasant?	🗌 Yes 🗌 No	
Are you legally authorized to wor	k in the United States?		🗌 Yes 🗌 No	
Would you like this application to	remain confidential during t	the pre-interview phase?	🗌 Yes 🗌 No	
Date available for work:/_	/ What i	is your desired salary or h	ourly rate?	
Type of employment desired] Full-time 🗌 Part-time	Seasonal/Variable H	lour Education	al Internship
Can you work overtime and/or we	ekends 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.				
Excluding minor traffic civil viola Yes No If "Yes", provide date(s) and details Note: Except where required by law,				of a crime?
Are there any felony charges pend If "Yes," provide date(s) and details			Yes No	
Note: Pending charges will not neces	sarily bar you from employmen	t. Do not identify any pendir	ng misdemeanor cha	rges.
Have you ever been dismissed or If "Yes", please explain	asked to resign from a previo	-	Yes No	

Employment History List your employment history for the past 10 years, starting with your current or most recent employer. Note: A less-than-honorable discharge from the U.S. Armed Forces is not an absolute bar to employment, depending on the nature of the job sought. Further, a medical discharge from the U.S. Armed Forces will have no impact on your employment chances unless you are unable to perform the essential functions of the job for which you have applied with or without a reasonable accommodation.

Starting Job Title/Final Job Title	Dates employed (Month/Year)
Company Name and Immediate Supervisor	From:/ To:/
· · · · · · · · · · · · · · · · · · ·	Starting Hourly Salary \$
Address	Bonus/Commission/Other? \$
City, State, Zip Telephone #	<u>Final</u> Hourly Salary \$ Bonus/Commission/Other? \$
Describe the type of work performed	
	Average hours worked per week:
	Number of employees supervised:
Reason for leaving:	
Starting Job Title/Final Job Title	 May we contact this employer for reference Yes No Dates employed (Month/Year)
Starting 500 Thie/Thia 500 Thie	To:
Company Name and Immediate Supervisor	
A 11	<u>Starting</u> Hourly Salary \$
Address	Bonus/Commission/Other? \$
City, State, Zip Telephone #	<u>Final</u> Hourly Salary \$
	Bonus/Commission/Other? \$
Describe the type of work performed	Average hours worked per week:
Desson for lowing	Number of employees supervised:
Reason for leaving:	May we contact this employer for reference □ Yes □ No
Starting Job Title/Final Job Title	Dates employed (Month/Year)
	To:
Company Name and Immediate Supervisor	
Address	<u>Starting</u> Hourly Salary \$ Bonus/Commission/Other? \$
City, State, Zip Telephone #	Final Hourly Salary \$
Describe the type of work performed	Bonus/Commission/Other? \$
Describe the type of work performed	Average hours worked per week:
	-
Reason for leaving:	Number of employees supervised:
	May we contact this employer for reference □ Yes □ No
Starting Job Title/Final Job Title	Dates employed (Month/Year)
	From:/ To:/
Company Name and Immediate Supervisor	Starting Hourly Salary \$
Address	Bonus/Commission/Other? \$
City, State, Zip Telephone #	<u>Final</u> Hourly Salary <u>Salary</u> Bonus/Commission/Other? <u>S</u>
Describe the type of work performed	
	Average hours worked per week:
	- Number of employees surrenzies de
Reason for leaving:	Number of employees supervised:
	May we contact this employer for reference Yes 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:

<u>Computer Skills</u> – Indicate software titles and list skill level as either <u>N</u> for Novice, <u>I</u> for Intermediate, or <u>E</u> for Expert

Word Processing	Skill Level
Spreadsheet	Skill Level
Presentation	Skill Level
E-Mail	Skill Level
Database	Skill Level

Internet	Skill Level
Graphics	Skill Level
Typing (WPM)	Skill Level
Ten Key	Skill Level
Other:	Skill Level

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

Highest grade completed in high school 8 9 10 11 12 GED Did you graduate? Yes No	Name of High School	Loc	<u>eation</u>
College, University, Vocational, Trade, or Technical School	Areas of Study	Degree or Trade	Credit hours completed or documentation

References

Provide the name, relationship, and telephone number of five non-related school, business or work references.

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 ("City") 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, 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 under Michigan Law.

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. I understand that 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 both the City Manager and myself.

I voluntarily authorize 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, any other written materials submitted during the hiring process (for example, a resume), or during any job interview. I hereby voluntarily and freely release the City of any individual or company from any and all liability including liability for defamation (libel and slander) for releasing or using information concerning me and my performance record, and work, academic, or military experience.

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 potential employment offer is conditional upon the results of the post-offer, preemployment 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 STATEMENTS.

Signature

Date

Return the completed application form and all other required documents to:



City of Mt. Pleasant - Human Resources 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.