

CITY OF CHARLEVOIX APPLICATION FOR EMPLOYMENT

For Office Use Only	
Work Location _____	Rate _____
Position _____	Date _____

Have you ever filed an application with us before? ___ Yes ___ No
If yes, when _____

**Position
Applying For:**

Name (Last, first, middle)			
Address (Street, city, state, zip code)			
How many years?	Telephone / Cell Phone	Email address:	
Previous Address (Street, city, state, zip code)			
Specify any days or times you are not available for work:		What shifts are you willing to work?	
Salary or wage Expectations \$ _____ Per _____	Date available for work?	Employment status _ _ Full time _ _ Part time	
Have you ever been employed by us?	Date started	Date left	
Department	In what position?	Reason for leaving	
Are you a U.S citizen?	If you are not a U.S. citizen, do you have a legal right to remain permanently in the United States? _ _ Yes _ _ No If employed, can you submit verification of your legal right to remain in the U.S.? _ _ Yes _ _ No		
What prompted your application?			
Are any persons currently employed by the City of Charlevoix related to you by blood or marriage? _ Yes ___ No If yes, provide names and your relationship to them: _____			
Do you have a reliable form of transportation available to you to go to and from work? Yes No			

MILITARY SERVICE

Service	Branch	Dates of Service From _____ To _____
Were you honorably discharged?		Reserve status
Describe any special training and duties:		

EMPLOYMENT HISTORY

Please provide a complete record of all your employment and explain any period(s) of unemployment. Begin with the most recent and work backwards. Please answer all inquires and attach additional signed and dated sheets if necessary. See Resume is not acceptable.

Employers Name	Dates (month and year): From _____ To _____	Average Hours/Week
Address (Street, city, state, zip code)		Telephone
Supervisor (Name & Title)	Your Title	Salary/Wage: Start _____ End _____
Duties and responsibilities		
Reason for leaving		
Employers Name	Dates (month and year): From _____ To _____	Average Hours/Week
Address (Street, city, state, zip code)		Telephone
Supervisor (Name & Title)	Your Title	Salary/Wage: Start _____ End _____
Duties and responsibilities		
Reason for leaving		
Employers Name	Dates (month and year): From _____ To _____	Average Hours/Week
Address (Street, city, state, zip code)		Telephone
Supervisor (Name & Title)	Your Title	Salary/Wage: Start _____ End _____
Duties and responsibilities		
Reason for leaving		

Are you currently on layoff status and subject to recall? Yes No
 Have you ever been discharged by an employer or resigned in lieu of discharge? Yes No
 Have you ever been disciplined (other than discharged) by an employer? Yes No
 If you answered yes to either of the two previous questions, explain all such incidents, giving facts, dates, describing any action you took and any resolution, on an attached signed and dated statement.
 How much time have you missed from work in the past twelve months? _____

MISCELLANEOUS

Do you have any felony charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of or pled guilty or nolo contendere to a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to either of the two immediately preceding questions, explain by giving the date, nature of the offense, name and location of the court and law enforcement agency, and the penalty imposed and/or other disposition and circumstances in an attached signed and dated statement. Pending felony arrest, conviction of a crime or plea will not necessarily disqualify an applicant from employment.
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, your birth date ____/____/____
Are you able to perform the duties of the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

School Name	Location	Course of Study	Did you Graduate?	Diploma or Degree earned
High School				
Trade/Vocational School				
Business School				
College/University				
Extracurricular activities & honors received in school:				

Please describe any other training, experience or knowledge you have which you feel may be relevant to the job(s) for which you are applying:

PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS

List all states in which you are or have been licensed or certified and any national certifications. Attach additional signed and dated pages if necessary.

Have you ever had any professional license or certification placed under investigation, suspended, revoked, or have you been otherwise disciplined or put on probation? ___ Yes ___ No

Have you ever been denied a license or certification? Yes ___ No

If you answered yes to either above questions, explain in detail on an attached signed and dated statement.

If a driver's license is required for the position you seek, do you have a valid, unrestricted driver's license? _ _ Yes _ _ No

REFERENCES

Provide the name, address and telephone number of individuals who are familiar with your work. (Do not include relatives.)

- 1.
- 2.
- 3.

CERTIFICATION

I CERTIFY THAT I HAVE COMPLETELY AND ACCURATELY PROVIDED THE INFORMATION REQUESTED ABOVE, AND I UNDERSTAND AND AGREE THAT ANY OMISSIONS OR MISREPRESENTATIONS MADE BY ME IN APPLYING FOR EMPLOYMENT CAN RESULT IN REJECTION OF MY APPLICATION OR DISMISSAL FROM EMPLOYMENT IF HIRED. ANY EMPLOYMENT IS DEPENDENT UPON MY SATISFACTORILY PASSING A PHYSICAL EXAMINATION AND/OR THE ASSOCIATED LABORATORY TESTS INCLUDING TESTS FOR DRUG AND ALCOHOL USAGE WHICH MAY BE REQUIRED BY THE CITY OF CHARLEVOIX. ANY OFFER OF EMPLOYMENT TENDERED TO ME IS BASED UPON MY AGREEMENT TO ABIDE BY THE POLICIES AND RULES OF THE CITY OF CHARLEVOIX.

I UNDERSTAND AND AGREE THAT THE CITY OF CHARLEVOIX AND ANY INVESTIGATIVE AGENCY MAY INVESTIGATE AND VERIFY ANY AND ALL INFORMATION RELATED TO MY APPLICATION FOR EMPLOYMENT; PAST EMPLOYMENT; EDUCATION; CREDIT; INVESTIGATIVE CONSUMER HISTORY INCLUDING CHARACTER, REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING; CRIMINAL OR OTHER HISTORY. TO THE FULLEST EXTENT LEGALLY PERMITTED, I RELEASE FROM ALL LIABILITY THE CITY OF CHARLEVOIX AND ANY PAST EMPLOYER, EDUCATIONAL INSTITUTION, CREDIT REPORTING AGENCIES/BUREAUS OR OTHER PROVIDERS OF REFERENCES OR INFORMATION ABOUT ME CONCERNING THEIR PARTICIPATION IN THE ABOVE INQUIRIES, INVESTIGATION OR DISCLOSURES, AND I WAIVE ANY FURTHER NOTICE INCLUDING WRITTEN NOTICE OF SUCH DISCLOSURES TO THE CITY OF CHARLEVOIX REGARDING PRIOR DISCIPLINE OR ANY OTHER MATTERS; FURTHER RELEASE THE CITY OF CHARLEVOIX AND THE MEDICAL TESTING AGENCIES AND THEIR PERSONNEL FROM ANY LIABILITY CONCERNING THE ADMINISTRATION OF OR USE OF RESULTS FROM MY PHYSICAL EXAMINATION, INCLUDING WITHOUT LIMITATION LABORATORY TESTS; AND AUTHORIZE THE MEDICAL OR TESTING AGENCIES AND THEIR PERSONNEL CONDUCTING THE EXAMINATION AND/OR TESTING TO REPORT THEIR RESULTS TO THE CITY OF CHARLEVOIX, ITS AGENTS AND EMPLOYEES.

I UNDERSTAND AND AGREE THAT ANY EMPLOYMENT OBTAINED WITH THE CITY OF CHARLEVOIX SHALL BE AT SUCH WAGES, BENEFITS, HOURS AND CONDITIONS AS THE CITY OF CHARLEVOIX MAY DETERMINE AND CHANGE FROM TIME TO TIME SUBJECT TO ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT. EMPLOYMENT WITH THE CITY OF CHARLEVOIX IS FOR NO DEFINITE LENGTH OF TIME AND IS AT WILL, MEANING I OR THE CITY OF CHARLEVOIX CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT NOTICE, AND WITH OR WITHOUT REASON OR CAUSE, SUBJECT TO ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT. I FURTHER UNDERSTAND AND AGREE THAT ANY STATEMENTS, ORAL OR WRITTEN, ABOUT MY EMPLOYMENT, INCLUDING ANY CONTAINED IN OR CONTRARY TO THIS PARAGRAPH, ARE NOT A CONTRACT OTHER THAN FOR AT-WILL EMPLOYMENT, SUBJECT TO ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT.

I FURTHER UNDERSTAND AND AGREE THAT TO THE FULLEST EXTENT LEGALLY PERMITTED, ANY AND ALL LEGAL ACTIONS, LAWSUITS OR CLAIMS AGAINST THE CITY OF CHARLEVOIX, ITS OFFICIALS, AGENTS, OR EMPLOYEES ARISING FROM OR CONCERNING MY APPLICATION FOR EMPLOYMENT, EMPLOYMENT OR TERMINATION OF EMPLOYMENT IN ANY REGARD, INCLUDING WITHOUT LIMITATION CLAIMS ARISING UNDER STATE OR FEDERAL CIVIL RIGHTS STATUTES, MUST BE BROUGHT NO LATER THAN WITHIN 90 DAYS AFTER AN EEOC RIGHT-TO-SUE LETTER REQUIRED FOR A LAWSUIT IS ISSUED, OR, IF NOT SO REQUIRED, THEN WITHIN THE LESSER OF (A) THE TIME LIMIT SET BY STATUTE OR OTHERWISE BY LAW, OR (B) 180 DAYS OF THE EVENT GIVING RISE TO THE CLAIM, OR THE CLAIM SHALL BE FOREVER BARRED. I WAIVE ANY LONGER TIME LIMITATIONS PERIODS TO THE CONTRARY.

I FURTHER UNDERSTAND AND AGREE THAT THIS APPLICATION WILL REMAIN ACTIVE UNTIL THE POSITION IS FILLED, AND THEREAFTER IF NOT EMPLOYED BY THE CITY OF CHARLEVOIX I MUST COMPLETE ANOTHER APPLICATION TO BE FURTHER CONSIDERED FOR EMPLOYMENT.

DATE _____

SIGNATURE OF APPLICANT _____

Background Investigation Authorization

NOTE: This page must be printed, signed, and either mailed, delivered, or faxed to Human Resources.

This form is separated from the application at time of receipt and at no time is age-related data released to decision-makers.

I hereby authorize the City of Charlevoix Police Department to conduct a background investigation pertaining to my application for employment. I fully acknowledge that this investigation may result in sensitive information being released and may affect my application process. I release from all liability the City of Charlevoix, its officials and employees, and any employer, educational institution, credit reporting agency/bureau and other providers of information about me in any and all respects relating to or arising from the City's investigation.

Unless revoked earlier by me, this release shall continue to be effective during my request for employment with the City, during any employment which I may have with the City and, in the case of seasonal employment, for any subsequent consideration of rehiring me. I understand that I may revoke this waiver and authorization at any time.

This release is executed with the full knowledge and understanding that the information is for the official use of the City of Charlevoix and will in no way be circulated in hard copy form or verbally. All hard copy materials will be destroyed via paper shredder.

Department Requesting Information: _____

Applicant's Signature

Date

Please Print – First Name/Middle Name/Last Name

Date of Birth

Driver's License Number

State

Social Security Number

Police Department Use Only

Date Rec'd from
Dept. Head

Date Records
Check Completed

Date Returned to
Dept. Head

Initials of individual
running check

Status of background check:

No records to report

Contact Police Department