

City of Watervliet
An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT (Non-CDL)

CAREFUL AND THOUGHTFUL COMPLETION OF THIS APPLICATION IS AN IMPORTANT STEP IN OUR CONSIDERATION OF INDIVIDUALS FOR EMPLOYMENT. PLEASE COMPLETE THE ENTIRE APPLICATION. PRINT IN INK. ASK FOR AN EXTRA PIECE OF PAPER IF YOU NEED TO CLARIFY ANY RESPONSES. YOUR APPLICATION MUST ALSO SPECIFY THE POSITION FOR WHICH YOU ARE APPLYING. STATING THAT YOU WILL DO "ANYTHING" IS INDEFINITE AND MAY RESULT IN YOUR APPLICATION NOT BEING ACCEPTED BY THE EMPLOYER. YOUR APPLICATION WILL BE CONSIDERED FOR SIXTY (60) DAYS.

TODAY'S DATE: _____

TIME: _____

NAME: _____

(Last)

(First)

(Middle)

SOC. SEC. # _____

TELEPHONE # _____

CURRENT _____

ADDRESS: _____

LENGTH OF TIME

AT THIS ADDRESS: _____

PREVIOUS _____

ADDRESS: _____

LENGTH OF TIME

AT THIS ADDRESS: _____

Job(s) Applied for:

1. _____

Rate of Pay Expected: \$ _____ per _____

2. _____

Rate of Pay Expected: \$ _____ per _____

Do you want to work: FULL-TIME PART-TIME?

If applying for part-time,
what days and hours?

Have you ever applied for work with us before?

Yes. No. If yes, when?

Do you have any skills, qualifications or experiences which you feel would especially fit you to work with us?



U.S. ARMED FORCES SERVICE? YES NO

Branch:	Rating at time of discharge:
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Were you dishonorably discharged? YES NO
 If yes, explain:

Are you able to do the job for which you are applying? YES NO
 If not, please explain:

Are you 18 years of age or older? YES NO

Have you ever been convicted of a crime? YES NO
 If yes, explain when, where, and the nature of the offense: _____

(Conviction of a crime will not be an automatic bar to employment.)

Are you authorized to work in the United States? YES NO

If hired, when can you start? _____



EDUCATION

SCHOOL	NAME OF SCHOOL	# OF YEARS ATTENDED	CITY/STATE	COURSE
GRAMMAR				
HIGH SCHOOL				
COLLEGE				
OTHER				

PRIOR WORK EXPERIENCE						
NAME AND ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT		REASON FOR LEAVING	TYPE OF WORK DONE	STARTING PAY	FINAL PAY
	FROM	TO				

BUSINESS REFERENCES		
NAME	ADDRESS/TELEPHONE NUMBER	OCCUPATION

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

APPLICANT'S CERTIFICATION, AUTHORIZATION, AND ACKNOWLEDGMENT

I certify that the information contained in my employment application is true and accurate. I understand that falsification of this information will result in my dismissal from employment.

I understand that the City of Watervliet may obtain a credit report about me. I authorize the City of Watervliet to obtain such a report and to make an investigation of my employment history and my personal history through any investigative agencies or bureaus of its choice, and to contact my current and former employers. I authorize these references to give the City of Watervliet any and all information concerning my previous employment and other pertinent information they may have, personal, or otherwise. I also authorize the City of Watervliet to obtain a copy of my motor vehicle report. I hereby release all parties from any liability that may result from any investigation conducted and/or the release or furnishing of information to the City of Watervliet.

I understand that upon an offer of employment, I may be required to pass a physical examination prior to employment, which may include a drug-screening test. I understand that the City of Watervliet reserves the right to require a drug-screening test at any time during my employment.

Applicant Signature

Date

[Public Works/ Police only:]

I further understand that, if I am hired, I will be required as a condition of employment, to have and maintain a valid Michigan driver's license at all times during my employment. I certify that I presently have a valid Michigan driver's license. I further understand that if I am hired, I will be required to notify my employer of any and all motor vehicle violations placed on my license within five (5) days of such a conviction and immediately if there is the imposition of any limitation on my license. I will be given a form to report any and all such violations and/or limitations to my employer.

Applicant Signature

Date