

Date: _____

APPLICATION FOR EMPLOYMENT

CITY OF ESCANABA

An Equal Opportunity Employer

PERSONAL INFORMATION

Last Name	First Name	Middle
Current Address	City/State	Zip
Primary Phone	Secondary Phone	
E-mail Address		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: (The existence of a criminal felony record does not constitute an automatic bar to employment.)		
Are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, State of Issuance:		

WORK PREFERENCE

Position you are applying for	Hours available
-------------------------------	-----------------

EDUCATION

High School	
Last high school and location	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business or Technical School	
School name and location	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, certificate/degree received:
College (Including Junior College and Community College)	
College name and location	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, certificate/degree received:

WORK EXPERIENCE

Give past employment record as complete as possible, starting with the most recent employer.

May we contact your present employer? Yes No

MOST RECENT	Organization name, address, & phone	Dates of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
		Position Title	Salary/Hourly Wage:
		Immediate Supervisor Name	Reason for leaving
	Duties of position		
Past Employment #2	Organization name, address, & phone	Dates of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
		Position Title	Salary/Hourly Wage:
		Immediate Supervisor Name	Reason for leaving
	Duties of position		
Past Employment #3	Organization name, address, & phone	Dates of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
		Position Title	Salary/Hourly Wage:
		Immediate Supervisor Name	Reason for leaving
	Duties of position		
Past Employment #4	Organization name, address, & phone	Dates of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
		Position Title	Salary/Hourly Wage:
		Immediate Supervisor Name	Reason for leaving
	Duties of position		

If additional space is needed, please write on separate sheet and attach to this application.

SPECIAL SKILLS/ACTIVITIES

List all trades, professional certificates, licenses, patents received, professional job recognition, or other qualifications.

List all computer applications in which you are proficient and any courses you have taken that related to the position you are applying for.

List activities, community service, offices held, etc. (You are not required to include activities or organizations which would reveal race, religion, color, sex, or national origin.)

REFERENCES

Please list three references who are not related to you and are not previous employers.

Name	Address	Phone
1.		Primary
		Secondary
2.		Primary
		Secondary
3.		Primary
		Secondary

I agree to commence any and all claims, actions, or lawsuits against The City of Escanaba, its successors, assigns, subsidiaries, employees, servants, agents, and independent contractors arising out of my application for employment, employment, or termination of employment within six months (180 days), or within the time prescribed by law, whichever expires first, of the event forming the basis for my claim, action or lawsuit. While I understand that the statute of limitations for claims, actions or lawsuits arising out of my employment may be longer than six months (180 days) period of limitations set forth in this agreement and I waive any statute of limitations to the contrary.

I understand that, in the event my application for employment is accepted, the effective date of acceptance, and of the employment, shall be the time I actually commence work. If I am employed, I agree to comply with, and be bound by, the safety rules and other rules and regulations of the City. I further understand that, if employed, my employment will be subject to the conditions of any applicable probationary period established by labor agreement or City policy. I authorize investigation of all statements contained in this application, and do hereby release any and all persons, companies, or agencies responding to such investigation from any liability for any damages due to releasing information pertaining hereto. I understand that misrepresentation or omission of facts called for in this application is cause for rejection of this application or for subsequent dismissal from employment.

Signature: _____

Federal Law and certain State Laws prohibit discrimination because of age, race, color, religion, sex, national origin or handicap. The City of Escanaba is committed to the principle and practice of equal employment opportunity. The City employs, trains, and promotes the best qualified employees and applicants for employment without regard to race, color, age, religion, national origin, height, weight, disability, or marital status.

CITY OF ESCANABA APPLICATION QUESTIONNAIRE

Please answer the following questions regarding the position for which you are applying:

1. What does good Customer Service mean to you, in the position you are applying for?
2. Describe what it means to be doing a good job in the position for which you are applying for?
3. What do you feel is, or would be, the most difficult part of this position?
4. Why do you want to work for the City of Escanaba?
5. What do you expect out of your job?
6. What traits do you look for in your fellow employees?
7. What is the most demanding job you have ever had, and why?

Name: _____ Date: _____

Position Applying For: _____