City of Petoskey

101 East Lake Street, Petoskey, Michigan 49770 • 231 347-2500 • Fax 231 348-0350

Employment Application

The City of Petoskey is an Equal Opportunity Employer
Our City is pledged to non-discrimination in employment as required by law.

Please print. Answer each question accurately and completely. Use the enclosed "Supplement Insert Page" if you need additional space. If you require any accommodation to complete the application process, please notify a City staff member immediately.

■ Name _____ Last _____ First _____ Initial ■ Date _____

■ Present Address _____ Number _____ Street _____ City _____ State _____ Zip ■ Phone _____

■ Address where mail will always reach you _____ Number _____ Street _____ City _____ State _____ Zip

■ Driver's License Number _____ State _____ Number

■ Enter any name that you have worked under other than the name provided above: _____

■ For what position are you applying? _____

■ List below any experiences, skills, certifications, licenses, specialized training, etc., that you possess that you believe qualify you for this position (use the enclosed Supplement Insert Page, if necessary):

_____

_____

■ Have you ever applied for a position with the City? ☐ Yes ☐ No

When? _____ What position? _____

■ Are you at least 18 years of age? ☐ Yes ☐ No

■ Are you the relative of a City employee? ☐ Yes ☐ No

■ Are legally authorized to work in the United States? ☐ Yes ☐ No
(Proof of identity and eligibility will be required upon employment)

■ What is the lowest monthly salary that you would accept? $_____

■ If applying for a full-time position, would you accept temporary or part-time employment? ☐ Yes ☐ No

■ Are you currently employed? ☐ Yes ☐ No ☐ Full-time ☐ Part-time

■ Are you subject to recall at another job? ☐ Yes ☐ No (If yes, use the enclosed Supplement Insert Page to explain)

■ If employed, are you willing to have us contact your employer with reference to your qualifications? ☐ Yes ☐ No

- Provide below a complete chronological record of your employment history, accounting for all time since leaving high school, BEGINNING with your PRESENT position. Include work experience during college vacations (include zip codes):

Employer's Name and Address	From Mo.	From Yr.	Starting Monthly Salary	Job Title and Work Description	Reason For Leaving	Supervisor's Name and Title
	To Mo.	To Yr.	Last Monthly Salary			

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	To Mo.	To Yr.	Last Monthly Salary			

■ List below all schools attended, including business and professional, and special courses completed:

School Type	School Name and Address	Course of Study	Circle Last Year Attended	Did You Graduate?	Type of Diploma or Degree
High			1 2 3 4	☐ Yes ☐ No	
College			1 2 3 4	☐ Yes ☐ No	
Other			1 2 3 4	☐ Yes ☐ No	
Other			1 2 3 4	☐ Yes ☐ No	

■ If you have served in the armed forces, give the following information:

Branch of Service | Entry Date | Discharge Date

Were you honorably discharged? ☐Yes ☐ No

Discharge Rank | Reserve Status

■ Give names, addresses, phone numbers (include zip and area codes), and occupations of those persons who are familiar with your qualifications and character. (Do not include former employers or relatives):

Name and Home Address	Home Phone	Occupation and Work Address	Work Phone

- Have you ever been discharged by an employer or resigned in lieu of discharge? ☐Yes ☐ No
- Have you ever been suspended or received a written reprimand from an employer? ☐Yes ☐ No
- Have you ever had any license or certification placed under investigation, disciplinary action, suspended, revoked, or placed on probation? ☐Yes ☐ No
- Have you ever been denied any type of license or certification? ☐Yes ☐ No

(If you answered yes to any of the four questions above, explain all such incidents, giving facts and dates, and describing any action that you took and any resolution to the matter, on the enclosed Supplement Insert Page.)

- What has been your attendance record at present and previous places of employment? _____
- Have you ever been denied bonding? ☐ Yes ☐ No
- Have you ever been CONVICTED of any crime? ☐ Yes ☐ No
- Do you now have any felony charges pending against you? ☐Yes ☐ No

(If you have been convicted of a crime, explain where and when you were convicted and the nature of the offense(s) on the enclosed Supplement Insert Page.)

- Have you ever been found responsible for a traffic violation? ☐Yes ☐No
- Are you able to perform the essential functions of the employment position for which you are applying, with or without accommodation? ☐ Yes ☐ No

(Pursuant to Michigan law, an employee has 182 days to provide the employer with written notice of a need for accommodation after that need is known by the employee.)

I certify that all the information that I have provided on this City of Petoskey Employment Application, including any accompanying notes, supplements, cover letters and/or resumes, is true, complete, and accurate. I agree that any misrepresentations, false information, and/or omissions regarding same, whether intentional or not, may disqualify me from further employment consideration or may result in immediate termination of my employment by the City.

I understand and agree that all the information provided to the City by me is subject to verification by the City and hereby authorize any schools that I have attended, licensing and certification boards, and current and previous employers to provide the City with all requested information. I waive written notice regarding any of these disclosures to the City of any prior disciplinary action. In exchange for the City considering my employment application, I waive any claim against the City, its agents, employees, and elected officials, arising from such investigation and/or disclosure(s), including, but not limited to, any claim for invasion of privacy and any claim for defamation.

I further understand and agree that, in the event the City makes an offer of employment, I shall submit to a physical examination. I hereby authorize every medical doctor and/or health care provider conducting the examination to release the results of same to the City Manager. Please note: applicants applying for safety sensitive positions shall be required to pass a drug test.

I further understand and agree that if I am hired, I will be employed by the City as an at-will employee, on an indefinite basis (unless my employment is covered by a collective-bargaining agreement or other written agreement to the contrary, signed by me or my authorized representative and the City Manager), and my employment by the City shall be subject to termination, at any time, for any or no reason, with or without prior notice, warning, or disciplinary action.

I agree that, to the extent permitted by law, any action or suit against the City of Petoskey or related entities (or any of its/their employees, officers, directors) which arises out of my employment or termination of employment, including, but not limited to, claims arising under state or federal civil rights statutes, must be brought within 180 days of the event giving rise to the claim or be forever barred. This applies to the initial filing of a charge with the Equal Employment Opportunity Commission; however thereafter I am permitted to pursue litigation, if at all, as explained in the Commission's "Right to Sue" letter. I waive any longer, but not shorter, limitations periods to the contrary."

I have included as part of the Employment Application additional information on the Supplement Insert Page. ☐Yes ☐ No

_____
Signature of Applicant

CITY OF PETOSKEY • EMPLOYMENT APPLICATION • SUPPLEMENT INSERT PAGE

■ Use this page to continue information from the application. Please note items for which you are providing additional comments.

● Please sign reverse side of page ●

Signature of Applicant