



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

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 ■ Date

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Last First Initial

■ Present Address

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 ■ Phone

--	--	--

Number Street City State Zip

■ Address where mail will always reach you

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Number Street City State Zip

■ Driver's License Number

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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 you a U.S. citizen or do you have the legal right to remain permanently and to work in the U.S.? Yes No

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

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	Mo.	Yr.				
	To		Last Monthly Salary			
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	Mo.	Yr.				
	To		Last Monthly Salary			
	Mo.	Yr.				

- 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. I must also satisfactorily pass a drug test as part of the application process.

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

Signature of Applicant

