

# City of Eaton Rapids Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applied for:		Date of Application:	
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-in <input type="checkbox"/> Other _____			
Last Name	First Name	Middle Name	
Address	Street	City	State Zip Code
Telephone Number		Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever been employed with us before? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available to begin work? \_\_\_\_\_

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary ☐ Yes ☐ No

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Do you have a dependable means of transportation to and from work? ☐ Yes ☐ No

Have you been convicted of a felony in the past 7 years? ☐ Yes ☐ No

*Conviction will not necessarily disqualify an applicant from employment*

If yes, please explain \_\_\_\_\_

## Education

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

## Additional Information

State any additional information you feel may be helpful to us for considering your application. Summarize special job-related skills and qualifications from employment or other experience.
Note to Applicant: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. Are you capable of performing in a reasonable manner the activities involved in this job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. <input type="checkbox"/> Yes <input type="checkbox"/> No

**Employment Experience**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dated Employed		Work Performed
		Start	End	
Address				
Telephone Number		Hourly Rate / Salary		
		Starting	End	
Title	Supervisor			
Reason for Leaving				

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		Start	End	
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Employer		Dated Employed		Work Performed
		Start	End	
Address				
Telephone Number		Hourly Rate / Salary		
		Starting	End	
Title	Supervisor			
Reason for Leaving				

**References**

Name	Phone
Address	
Name	Phone
Address	
Name	Phone
Address	

**Applicant's Statement**

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date