

City of East Grand Rapids

An Equal Opportunity Employer

Human Resources Office
750 Lakeside Drive SE
East Grand Rapids, MI 49506
(616) 949-2110
www.eastgr.org

APPLICATION FOR EMPLOYMENT

The City of East Grand Rapids is an equal opportunity employer. It is the policy of the City to comply with all applicable laws that prohibit discrimination in employment based on a person's race, color, religion, sex, age, national origin, marital status, disability, height, weight or any other reason prohibited by law.

INSTRUCTIONS:

1. Fill in all information legibly in ink.
2. Answer all questions accurately and completely.
3. Resumes will not be accepted in lieu of completed applications, but are considered to be supplemental information. Using "see resume" on the application is not acceptable.
4. Use a separate sheet of paper if you need to clarify any responses.
5. A separate application must be completed and submitted for each position for which you seek consideration.
6. Applications that are incomplete, unsigned or received after the deadline date (if applicable) will not be considered.
7. The City will not return resumes, transcripts, letters of reference or any other documents submitted by the applicant.

NAME: _____

POSITION FOR WHICH YOU ARE APPLYING: _____

DATE APPLICATION WAS COMPLETED: _____

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PERSONAL INFORMATION

Full Name: _____
(Last Name) (First Name) (Middle Name)

Present Address:

Permanent Address (if different):

Telephone Number: (____) _____ Alternate Telephone Number: (____) _____

Email Address: _____

Parent/Legal Guardian Name: _____

Write N/A if over the age of 18 (Last Name) (First Name) (Middle Name)

Parent/Legal Guardian Phone Number: (____) _____

Write N/A if over the age of 18

Parent/Legal Guardian Email Address: _____

Write N/A if over the age of 18

Are you legally authorized to work in the United States?

Yes No

Have you ever been convicted of a crime?

Yes No

If yes, describe in full:

Have you ever been arrested for a felony?

Yes No

If yes, describe in full:

Are there any hours, shifts or days that you cannot or will not work?

Yes No

If yes, describe in full:

Are you willing to work overtime as required?

Yes No

List any other names under which you have been employed or used for legal purposes during the previous five years.

Name _____ Dates Used: _____

Name _____ Dates Used: _____

GENERAL INFORMATION

Earliest date available for work: _____ Salary or Pay Rate desired: \$ _____

Type of employment desired: Full-time Part-time or Temporary

Have you ever been employed by the City of East Grand Rapids before? Yes No

If yes, list dates, positions, supervisors and reasons for leaving:

Have you ever applied for a job with the City of East Grand Rapids before? Yes No

If yes, list positions applied for and dates: _____

Are you related to any employee or elected official of the City of East Grand Rapids? Yes No

If yes, list name and relationship to you: _____

Have you ever been suspended, discharged or forced to resign from any job? Yes No

If yes, describe in full:

EDUCATION

<u>Name and Location of School</u>	<u>Years Completed</u>	<u>Did You Graduate?</u>	<u>Diploma, Degree or Certification Received</u>
High School _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Do you plan on continuing your education at a college or other school? Yes No

If yes, where and what courses?

SKILLS

In the following section, describe the skills you have that will help you in the performance of this job.

Language skills: _____

Computer and technology skills: _____

Machine, tool or equipment skills: _____

Do you have a valid license or certification in a trade or profession? Yes No

If yes, describe in full: _____

Have you ever had a license or certification placed under investigation, disciplined, suspended, revoked or put on probation? Yes No

If yes, describe in full: _____

PERSONAL REFERENCES

Do not use relatives or former supervisors.

	<u>Name</u>	<u>Address</u>	<u>Occupation</u>	<u>Years Known</u>	<u>Phone Number</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

EMPLOYMENT RECORD

List all work and volunteer experience. Start with your current or most recent experience. Do not skip any employers. Also list and explain any periods of unemployment. Use additional pages if necessary.

Employer Name: _____ Address: _____ Phone: _____ Dates of Employment: FROM: _____ TO: _____ Final Salary: \$ _____	Position/Title: _____ Supervisor: _____ Position was: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temporary / Seasonal <input type="checkbox"/> Other Reason for Leaving: _____ Are you currently employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No OK to Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name: _____ Address: _____ Phone: _____ Dates of Employment: FROM: _____ TO: _____ Final Salary: \$ _____	Position/Title: _____ Supervisor: _____ Position was: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temporary / Seasonal <input type="checkbox"/> Other Reason for Leaving: _____ OK to Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

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MILITARY SERVICE

Type of Service: _____
Branch of Military: _____
Dates of Service: _____
Rank at Discharge: _____
Type of Discharge: _____

If other than honorable, describe in full:

OTHER

List any other information that will help us evaluate your qualifications for this job:

Are you submitting a resume as a supplement to this application? Yes No

How did you learn about this job opening? (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> State employment office | <input type="checkbox"/> Employment agency | <input type="checkbox"/> College placement |
| <input type="checkbox"/> Friend or relative | <input type="checkbox"/> Advertisement | <input type="checkbox"/> City web site |
| <input type="checkbox"/> Walked in | <input type="checkbox"/> Other (describe) _____ | |

APPLICANT'S AUTHORIZATION, CERTIFICATION, AND AGREEMENT

1. I understand that as a result of this application for employment an investigative consumer report may be prepared whereby information may be obtained through personal interviews with my neighbors, friends or other acquaintances. Such an inquiry would include information as to character, general reputation, personal characteristics and mode of living. I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

2. I authorize the references listed in this application and any prior employer, educational institution, or other persons or organizations with whom the City of East Grand Rapids ("City") wishes to check to give the City any information concerning my previous employment, educational accomplishments, or disciplinary record, or any other pertinent information they may have, personal or otherwise, and I authorize the City to request such information. I understand that such information may contain my Social Security Number. I release the City and all parties providing information from any liability for damage that may result from requesting such information or providing such information to the City. I also waive any notice that information is being provided to the City by any person or organization.

3. I authorize the City to obtain criminal conviction and felony arrest information and driving record information from the appropriate law enforcement agency or other applicable agency should the City determine it is necessary to do so.

4. If conditionally offered employment, I agree to submit to any psychological or physical testing or examination that may be necessary to determine my ability to perform the job for which I am being considered. I also authorize any medical provider conducting such examination or in possession of any medical reports or records pertaining to me to release the results of such examination or such record or report to the City.

5. I give my consent for the City, through an authorized testing service of its choice, to collect blood, urine, hair or saliva samples, or other fluid or tissue samples, from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs or controlled substances, and I release the City from any liability for damage arising out of such test or its results. I also consent to the release of the test results and other relevant medical information to authorized City management personnel for appropriate review. If I am accepted for employment with the City, I consent to be tested in the above manner during my employment when required by federal, state or local law, business necessity, City policy, or a reasonable suspicion of drug or alcohol use, and I acknowledge that remaining free of illegal and improper drug and alcohol use is a condition of my employment.

6. If I am hired by the City, in consideration of my employment I agree to comply with all policies and rules of the City, and I understand that my employment is "at will" and can be terminated with or without cause and with or without notice at any time by either me or the City, regardless of any contrary provisions in any other documents. This application does not constitute an agreement for employment for any specified period of time. I understand that no representative of the City other than the City Manager has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, and that any such agreement must be in writing and signed by me and the City Manager.

7. I certify that the information I have provided in this application and any supplemental documents is true and correct and complete to the best of my knowledge, and that I have not withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any misrepresentation, deception, omission or false statement made in connection with this application may result in my not being further considered for employment, and if not discovered by the City until after my becoming employed, may result in my immediate termination.

8. I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States, and that federal immigration laws require me to complete the I-9 form in this regard.

9. I understand that this application will be considered active pursuant to the City's normal procedures for a period of 180 days. If I am still interested in employment thereafter, I must reapply.

I have read and understand and agree with Paragraphs 1 through 9 above and acknowledge that with my signature below.

APPLICANT SIGNATURE: _____ DATE: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE: _____

Write N/A if over the age of 18

