

**CITY OF MENOMINEE, MICHIGAN
APPLICATION FOR EMPLOYMENT**

"AN EQUAL OPPORTUNITY EMPLOYER"

*THE CITY OF MENOMINEE DOES NOT DISCRIMINATE ON THE BASIS OF
RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE OR DISABILITY
IN EMPLOYMENT OR THE PROVISION OF SERVICES.*

POSITION APPLIED FOR: _____

DATE: _____

PERSONAL:

LAST NAME FIRST MIDDLE INITIAL

_____/_____/_____
SOCIAL SECURITY NUMBER

_____/_____/_____/_____/_____
DRIVER'S LICENSE NUMBER
(if applicable)

ADDRESS CITY STATE ZIP CODE

TELEPHONE NUMBER

DATE ABLE TO START: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ IF YES, WHEN AND NATURE :

CITIZEN OF U.S.? _____ DO YOU RESIDE WITHIN 20 MILES OF THE CITY OF MENOMINEE? _____

PERSON TO NOTIFY IN CASE OF AN EMERGENCY? _____
NAME TELEPHONE NUMBER

MILITARY SERVICE:

WERE YOU IN U.S. ARMED FORCES? _____

IF YES, WHICH BRANCH _____ AND RANK AT DISCHARGE: _____

EDUCATION:

SCHOOL NAME & ADDRESS	MAJOR COURSES	LAST YEAR COMPLETED	DIPLOMA OR DEGREE
ELEMENTARY		5 6 7 8	
HIGH		9 10 11 12	
COLLEGE			

PRESENT OR LAST EMPLOYER FIRM _____ PHONE _____
 ADDRESS _____
 FROM: _____ TO: _____ POSITION: _____
 REASON FOR LEAVING: _____

SECOND OR LAST EMPLOYER FIRM _____ PHONE _____
 ADDRESS _____
 FROM: _____ TO: _____ POSITION: _____
 REASON FOR LEAVING: _____

THIRD OR LAST EMPLOYER FIRM _____ PHONE _____
 ADDRESS _____
 FROM: _____ TO: _____ POSITION: _____
 REASON FOR LEAVING: _____

MAY WE CONTACT YOUR FORMER EMPLOYERS? _____

REFERENCES: (DO NOT LIST FORMER EMPLOYERS OR RELATIVES)

NAME	ADDRESS	OCCUPATION	TELEPHONE

POLICY STATEMENT

JOB APPLICATIONS ARE ACCEPTED BY THE CITY OF MENOMINEE ONLY WHEN A POSITION OPENING EXISTS. THIS APPLICATION WILL BE CONSIDERED ONLY FOR THE POSITION INDICATED ON THE TOP OF THIS FORM. WHEN THIS POSITION IS FILLED (OR IF NO HIRING IS MADE) THIS APPLICATION WILL BE PLACED ON RECORD BUT WILL NOT BE CONSIDERED FOR ANY FURTHER POSITIONS. A NEW APPLICATION MUST BE SUBMITTED FOR EACH JOB OPENING.

I AUTHORIZE THE EMPLOYER TO CONTACT ALL REFERENCES PROVIDED IN THIS APPLICATION AND INQUIRE ABOUT JOB RELATED MATTERS. I CONSENT TO THE EMPLOYER'S INVESTIGATION OF ALL INFORMATION PROVIDED BY ME IN THIS APPLICATION AND DURING ANY INTERVIEW IN WHICH I PARTICIPATE. I EXPRESSLY RELEASE FROM LIABILITY THE EMPLOYER, ITS AGENTS, REPRESENTATIVES AND EMPLOYEES FROM ANY CLAIM THAT MIGHT OTHERWISE ARISE FROM THEIR PURSUIT OF THE ABOVE AUTHORIZED INFORMATION. THIS RELEASE OF LIABILITY ALSO APPLIES TO SUCH PERSONS, EMPLOYERS, ORGANIZATIONS AND CORPORATIONS WHO PROVIDE ACCURATE INFORMATION IN RESPONSE TO THE INQUIRIES AND INVESTIGATION AUTHORIZED AND CONDUCTED BY THE EMPLOYER.

 SIGNATURE OF APPLICANT