



**HOWELL
MICHIGAN**

*City of Howell
611 E. Grand River
Howell, MI 48843
(517) 546-3502*

APPLICATION FOR SEASONAL/PART-TIME EMPLOYMENT

Date of Application: _____

Name: _____ Telephone No. _____

Address: _____ City: _____ Zip Code: _____

E-Mail Address: _____

Are you legally eligible for employment in the U.S.A. Yes No (subject to verification)

Are you of legal age to work? _____ Yes _____ No (If you are under 18, you will be required to obtain work permit.)

Are you related to a current City of Howell employee? _____ Yes _____ No

Salary Desired: _____ What date would you be available to start work: _____

- Position(s) applied for:
- Clerical/Secretarial
 - DPW Laborer
 - Park Maintenance
 - Other (specify) _____

RECORD OF EDUCATION/TRAINING

High School Diploma or GED equivalent: Yes No School Attended: _____

College: _____ Degree Obtained or Course of Study: _____

Please indicate any other education/training you have received or skills, experiences or other qualifications that might be beneficial for the position for which you are applying. **(Do not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.)**

PERSONAL REFERENCES (not former employers or relatives)

1. Name & Address: _____ Telephone: _____

2. Name & Address: _____ Telephone: _____

3. Name & Address: _____ Telephone: _____

EMPLOYMENT HISTORY (Please list all employers beginning with most recent. Attach additional sheets if necessary.)

EMPLOYER #1 **Dates of Employment:** From: _____ To: _____

Company Name: _____

Position Held: _____ **Supervisor:** _____

Briefly describe work you performed: _____

May this employer be contacted for a reference? Yes No **Phone:** _____

EMPLOYER #2 **Dates of Employment:** From: _____ To: _____

Company Name: _____

Position Held: _____ **Supervisor:** _____

Briefly describe work you performed: _____

May this employer be contacted for a reference? Yes No **Phone:** _____

You have been provided a written job description listing the essential functions for the position for which you have applied. Review the job description and answer the following questions.

Are you able to perform all the essential job functions? Yes No

If no, list the functions you are unable to perform, explain why you are unable to perform them and indicate if there is a reasonable accommodation that can be made in order for you to properly perform the essential job functions.

WAIVER & RELEASE - PLEASE READ & SIGN BELOW

By signing this application, I hereby represent that the facts set forth in my application for employment are true and complete. I understand that if I am employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the City of Howell in any way if the City decides to employ me. I understand and agree that any employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason.

In making this application for employment, I authorize the City of Howell to conduct a background investigation whereby information regarding my character, general reputation, personal characteristics, mode of living, driving record, credit history, education, and employment history is obtained. Further, I authorize the City to contact the employers listed in my application and to conduct personal interviews with my neighbors, friends and others with whom I am acquainted. I understand that I have the right to make a written request within a reasonable period of time to receive detailed information regarding the nature and scope of any such investigative report that is made. I further understand that if I am considered favorably for employment, I will be required to undergo, at the City's expense, a physical examination that will include drug screening. I acknowledge receipt of a copy of the above statement concerning the investigative consumer reports and hereby authorize all former employers and educational institutions which I have attended or named in my application to release to the City of Howell, my records, reason for leaving, performance and disciplinary information. In doing so, I release the City of Howell from any and all liability for damages of whatever kind.

Signature of Applicant

Date: _____

The City of Howell is an equal opportunity employer and considers all applicants with out regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation, or any other legally protected status.