



**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 (must be 18 yrs old)  
 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.*