



**HOWELL
MICHIGAN**

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

APPLICATION FOR EMPLOYMENT

Date of Application: _____

Name: _____ **Telephone No.** _____

Address: _____ **City:** _____ **Zip Code:** _____

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

Position applied for: _____ Were you previously employed by the City? _____ If yes, when? _____

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

If your application is considered favorably, on what date will you be available for work? _____

RECORD OF EDUCATION/TRAINING

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

College: _____ Degree Obtained/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.)**

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

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

Company Name: _____ **Address:** _____

Position Held: _____ **Supervisor:** _____ **Telephone:** _____

Last Annual Salary: _____ **Reason for Leaving:** _____

Briefly describe work you performed: _____

May this employer be contacted for a reference? Yes No

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

Company Name: _____ **Address:** _____

Position Held: _____ **Supervisor:** _____ **Telephone:** _____

Last Annual Salary: _____ **Reason for Leaving:** _____

Briefly describe work you performed: _____

May this employer be contacted for a reference? Yes No

EMPLOYER #3 **Dates of Employment:** From: _____ To: _____

Company Name: _____ **Address:** _____

Position Held: _____ **Supervisor:** _____ **Telephone:** _____

Last Annual Salary: _____ **Reason for Leaving:** _____

Briefly describe work you performed: _____

May this employer be contacted for a reference? Yes No

ATTENTION: Read this introduction carefully before answering any questions on this page. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, creed, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship, disability, veteran status, and union activities. The Fair Credit Reporting Act imposes restrictions with respect to credit data. **DO NOT ANSWER ANY QUESTIONS CONTAINED ON THIS PAGE UNLESS THE BOX NEXT TO THE QUESTION HAS BEEN CHECKED**, thereby indicating that for the position you are applying, the requested information is needed for a legally permissible reason, including, without limitation, security requirements, a bonafide occupational qualification or business necessity.

Previous Address (if at current address less than two years) _____ City _____
State _____ Zip: _____

Are you over the age of eighteen? _____ Yes _____ No. If no, hire is subject to verification that you are of minimum legal age.

Sex: _____ Male _____ Female **Height:** _____ **Weight:** _____

Are you eligible to be bonded? _____ Yes No _____

In the past seven years, have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled or expunged or sealed by the Court?

_____ Yes _____ No

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

Are you able to perform each of the essential job functions? _____ Yes _____ No

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

Indicate Drivers License Number and State of Issuance: _____

PERSONAL REFERENCES (not former employers or relatives)

1. Name & Address: _____ Telephone: _____

2. Name & Address: _____ Telephone: _____

3. Name & Address: _____ Telephone: _____

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. No one other than the City Manager has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in written form signed by the City Manager.

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 may be required to undergo, at the City's expense, a psychological exam and a medical 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 without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation, or any other legally protected status.