



## Employment Application

INSTRUCTIONS: It is important to fill out all sections of this application completely and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. The City of Grand Ledge is an Equal Opportunity/Affirmative Action Employer.

**Current Information**

Position Applied For		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Seasonal <input type="checkbox"/>
Today's Date		Date available for employment		
Name				
Address		City		State      Zip Code
Home Phone #	Other Phone #	Are you 18 or older?	If no, what is your birth date?	
Driver's License No.				State of Issue

**General Information**

Have you ever been employed with the City of Grand Ledge?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what Department and when?		
Have you applied to the City of Grand Ledge before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what position and when?		
Apart from absences for religious observations, will you accept employment requiring occasional night work or weekend work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Apart from absences for religious observations, will you accept employment requiring regular night work, weekend work, or rotating shifts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you related by blood or marriage to any City employee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, give name and relationship		
Do you have any health problems or physical handicaps which could interfere with your ability to perform the job for which you applied?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain.		
Are you prevented from lawfully becoming employed in this country because of visa or Immigration Status? (proof of citizenship or immigration status will be required upon employment)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

NOTE: A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, how recent the offense was, and the nature of the crime will be taken into consideration.

**Education**

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Have you received a high school diploma or equivalent?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of High School	City		State
Name of College or University Attended		City	State
Credit Hours Completed	Degree Received		
Name of Graduate School Attended	City		State
Credit Hours Completed	Degree Received		
Name of Technical School Attended	City		State
Credit Hours Completed	Degree Received		

**Skills**

Please list any skills, abilities, special certifications, or licenses you have, or special training or courses you have taken, that you feel are applicable to the position for which you applied. Include skills with equipment or machines you operate. If you wish consideration for a secretarial position, indicate speeds for typing.

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**Employment**

Record your complete work history below, beginning with your current or most recent employer. Attach additional sheets, if necessary. Account for gaps in your work history and include related volunteer experience.

Employer or Company			
Address	City	State	Zip Code
Job Title	Starting Salary	Ending Salary	
Name & Title of Supervisor		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Dates Employed	Reason for Leaving		
Duties			
If this is your current employer, may we inquire of this employer about your qualifications?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Employer or Company				
Address		City	State	Zip Code
Job Title		Starting Salary	Ending Salary	
Name & Title of Supervisor			Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Dates Employed	Reason for Leaving			
Duties				

Employer or Company				
Address		City	State	Zip Code
Job Title		Starting Salary	Ending Salary	
Name & Title of Supervisor			Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Dates Employed	Reason for Leaving			
Duties				

Employer or Company				
Address		City	State	Zip Code
Job Title		Starting Salary	Ending Salary	
Name & Title of Supervisor			Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Dates Employed	Reason for Leaving			
Duties				

**References – Please do not list relatives**

Name		Phone #	
Email Address	Relationship to you	Years Associated	
Address	City	State	Zip Code

Name		Phone #	
Email Address	Relationship to you	Years Associated	
Address	City	State	Zip Code

Name		Phone #	
Email Address	Relationship to you	Years Associated	
Address	City	State	Zip Code

I hereby authorize any duly empowered representative of the City of Grand Ledge bearing this release, or copy thereof, within one year of its date, to obtain any information in your files or other sources pertaining to my employment, military, credit or educational records and personal background including, but not limited to, academic, achievement, attendance, driver's license records, athletic, personal history, disciplinary actions and records, medical records, and credit reports or any other records you may have regarding me. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the City of Grand Ledge. Consent is for the City of Grand Ledge to furnish such information as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any agency, institution or establishment which you represent including its officers, employees and related personnel, or business, both collectively or individually, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

The facts set forth in my application and/or resume for employment are true and complete. I understand that if employed, any false statements on my application and/or resume may result in my dismissal. It is my understanding that the City of Grand Ledge will make a thorough investigation of my work history and may verify all data given in my application and/or resume for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the City of Grand Ledge and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent me from being hired. I have read and understand the above.

Name			
Address	City	State	Zip Code
Home Phone #	Other Phone #	Social Security #	
Driver's License #			State of Issue
Signature		Date	
Witness		Date	

