

CITY OF ROCKWOOD

EMPLOYMENT APPLICATION

A person with a disability or handicap requiring accommodation for completing the application process should notify the (Person in Charge of Hiring Process) as soon as possible.

The City of Rockwood (“the City”) is an Equal Opportunity Employer. It is policy of the City to afford equal employment opportunity regardless of race, religion, color, natural origin, sex, age, marital status, height, weight, familial status, veteran status or disability. Michigan law requires that a person with a disability requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

Date of Application: _____

PERSONAL INFORMATION

Name (First, Middle, Last): _____

Present Address (Street, City, State, Zip Code): _____

Telephone Number Where You Can Be Reached: _____

Position Desired: _____

Date Available: _____

1. Are you at least 18 years old? _____ YES _____ NO
2. Work Permit No. : _____ (If under 18)
3. Have you ever been convicted of a felony within the last 7 years, which has not been annulled, expunged, or sealed by the court? (A “YES” answer will not automatically disqualify you.) _____ YES _____ NO
If yes, please explain conviction : when, where, and disposition: _____

4. Have you previously been employed by the City? _____ YES _____ NO
If yes, when: _____
5. Have you submitted an application to the City before? _____ YES _____ NO
If yes, when: _____
6. Complete the following only if the position requires a driver’s license:
Driver’s License Number _____
Has your driver’s license even been revoked or suspended? _____ YES _____ NO
If yes, for what reason: _____
List any moving violations during the last 3 years: _____

EDUCATIONAL HISTORY

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name and location of high school: _____

Schools Attended other than high school	Location (State)	Course or major studied	Degree

MILITARY HISTORY

(Armed Forces of the United States or State Militia Only)

Branch	Date Entered	Date Discharged

Rank at Discharge	Reserve Status

Special Training received _____

EMPLOYMENT HISTORY

List below, beginning with the most recent, all present and past employment (attach additional sheets if necessary): Employer name, address, and phone number: Position Held/ Job Title and brief description of duties:

Employer Name, Address, and Phone Number: _____

Position held/job title and brief description of duties: _____

Dates of employment: _____

Name and title of immediate supervisor: _____

Reason for Leaving: _____

Final Salary: _____

Employer Name, Address, and Phone Number: _____

Position held/job title and brief description of duties: _____

Dates of employment: _____

Name and title of immediate supervisor: _____

Reason for Leaving: _____

Final Salary: _____

Employer Name, Address, and Phone Number: _____

Position held/job title and brief description of duties: _____

Dates of employment: _____

Name and title of immediate supervisor: _____

Reason for Leaving: _____

Final Salary: _____

Employer Name, Address, and Phone Number: _____

Position held/job title and brief description of duties: _____

Dates of employment: _____

Name and title of immediate supervisor: _____

Reason for Leaving: _____

Final Salary: _____

REFERENCES

Please provide the names of three persons not related to you, who have known you for more than one year.

Name	Address	Phone
<hr/>		
<hr/>		
<hr/>		

In case of emergency, contact (Name, address, phone number, and relationship to you):

I certify that all of the information furnished on this application is true, complete and correct. I understand and agree that any falsification, misrepresentation, or omission of a fact either on this application or during the prehire process will be reason for (1) my not being offered employment or (2) dismissal at any time for the service of the City if employed.

For Union Positions:

I understand and agree that for the first year of my employment I will be on probationary status and that during this period my employment is at will and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by the City, with or without cause, and without prior notice. I also understand that, as a condition of employment, I will have to become a member of (Name of Union) and that my employment will be subject to all City rules and regulations and the collective bargaining agreement between the City and (Name of Union).

For Non-Union Positions:

I understand and agree that my employment is at will and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by me or the City, with or without cause, and without prior notice. I also understand that my employment will be subject to all City rules and regulations. I acknowledge that no City employee or representative has either power or authority to enter into any agreement for employment for any specified period of time, or to make any representations, promises, contracts, or statements made by or on behalf of the City are expressly superseded by the foregoing.

Date: _____ Signature: _____