

City of Grand Haven

Employment Application Form

**PLEASE PRINT ALL
INFORMATION
REQUESTED EXCEPT
SIGNATURE**

Please mail completed application to:

Human Resources
519 Washington Ave.
Grand Haven MI 49417

or fax application to:
616-935-3265 or 616-847-3496

OFFICE USE ONLY:

Date received:

DATE _____

Name _____

Last

First

Middle

Present address _____

Number

Street

City

State

Zip

Phone: Day(____) _____ Evening(____) _____ Cell(____) _____

How long at current address? _____

Position applied for (1) _____

Days/hours available to work

No Pref _____ Thur _____

and wage desired (2) _____

Mon _____ Fri _____

(Be specific)

Tue _____ Sat _____

Have you ever applied here before? ____ No ____ Yes Date _____

Wed _____ Sun _____

Have you ever worked here before? ____ No ____ Yes Date _____

Are you related to current or past employees of the City?

____ No ____ Yes Who? _____ Relationship _____

Are you presently working? ____ NO ____ Yes

Can we contact your employer? ____ No ____ YES

Employment desired (mark all that apply): FULL-TIME PART-TIME SEASONAL

When are you available to start work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying? No Yes (a Conviction record will not necessarily disqualify you from employment).

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation. _____

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APPLICATION FOR EMPLOYMENT

May we contact your present employer? Yes No

Did you complete this application yourself Yes No If not, who did? _____

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied ____ Yes ____ No. if you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:

Applicant Statement

I hereby affirm that the information provided in this application (and accompanying resume, if any) is true and complete. I also agree that any false information, misrepresentations or omissions may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date.

I authorize the City of Grand Haven to investigate all statements contained in this application, including disciplinary records of former employers, police departments and other references or sources concerning me. I authorize all such references and sources (and the company) to release this information without liability for damage incurred in giving it. I waive any written notice of the release of such records that may be required by state or federal law.

Should I receive a conditional offer of employment, I agree to submit to any physical and/or psychological medical examination. I further authorize any physician or entity conducting such medical examination to release the results of such examination to the Human Resources Department, City of Grand Haven.

I also understand that if I have a protected disability that affects my ability to do the job I seek, I may ask the City of Grand Haven to attempt to make a reasonable accommodation for it. I must make my request in writing to the Human Resource Manager as soon as possible, and under Michigan Persons with Disabilities Civil Rights, such notice must be given no later than 182 days after the date I know or reasonable should know that accommodation is needed.

I hereby give my consent for the City of Grand Haven, through an authorized testing service of its choice, to collect blood, urine or saliva samples from me and to conduct any other medical tests necessary to determine the presence of alcohol, drugs or controlled substances, I hereby release The City of Grand Haven from any liability arising out of such tests. Further I give my consent for the release of the test results and other relevant medical information to authorized City of Grand Haven management for appropriate review. If I am accepted for employment by the City of Grand Haven, I hereby consent to be tested in the above manner during my employment when, in the company's judgment, such testing is appropriate, and I acknowledge that remaining free of illegal drug use and complying with the City of Grand Haven's substance abuse policy is a condition of employment.

I understand that all employees of the City of Grand Haven are employed on an indefinite basis and are subject to termination at any time, with or without prior notice, discipline or warning, for any or no reason. No person other than the City Manager (or designate) has authority to offer employment for any specified period or to make contract contrary to the foregoing. Moreover, no such agreement by the City Manager (or designate) will be enforceable unless in writing, pertains specifically to me, and is signed by the City Manager (or designate).

I agree that I will not commence any action or suit relating to my employment with the Company (or termination of the employment) more than 180 days after the employment action at issue, and I agree to waive any statute of limitations to the contrary. I understand that this means that even if the law would give me the right to wait a longer time to make a claim, I am waiving that right, and that any claims not brought within 180 days of the action complained of will be barred.

Date: _____ Applicant Signature: _____

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APPLICATION FOR EMPLOYMENT(Addendum)

Employment History

Work Experience Please list your work experience for the **past seven years** beginning with your most recent job held. If you were self-employed, give firm name. Include U.S. Military Service. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			

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		From To	Start Final
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