



Employment Application

An Equal Opportunity Employer

Name (Last, First, Middle Initial)
Present Address (Street, City, State, Zip)
Email Address
Phone Number(s)

This employment application will remain ACTIVE for no more than 60 days.

Any applicant wishing to be considered for employment beyond this time should inquire with HR to determine whether applications are being accepted at that time.

It is the City's policy to provide equal opportunity in all aspects of the employment relationship- including recruitment, hiring, promotion, and all conditions and privileges of employment- to all employees without discrimination because of race, creed, color, age, religion, sex, national origin, qualifying disability, material status, height, weight, or veteran status. No question on this application is intended to elicit information for a discriminatory purpose.

Are you at least 18 years old?	Yes	No	Please highlight answer	
Do you have the right to remain permanently in the U.S & do you have authorization to work in the U.S?	Yes	No	Please highlight answer	
Have you worked under a different name before? *If yes, explain & provide name(s):	Yes	No	Please highlight answer	
Are you seeking: (circle all that apply)	Fulltime	Part Time	Internship	Other
Position applied for (use specific title):				
Expected Wage:		Date Available to begin work:		
Scheduling Availability:	Morning	Afternoon		Evening
	Monday	Tuesday	Wednesday	Thursday
		Friday	Saturday	Sunday
Have you ever applied with us before? **If so, when and for what position?	Yes	No	Please highlight answer	
Are you related to anyone who currently works for the City? (if yes, please provide names)				
Do you know anyone who currently works for the City? (if yes, please provide names)				

How did you learn about this opening:						City Website	Facebook	Indeed	Friend	Other:	
Are you presently employed?						Yes	No	Please highlight answer			
If presently employed, may we contact your employer?						Yes	No	Please highlight answer			
If presently employed, why are you considering leaving?											
Have you ever been terminated from employment or asked to resign by an employer?						Yes	No	Please highlight answer			
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?						Yes	No	Please highlight answer			

EDUCATION & TRAINING

High School (or Equivalent)

Name & Location	Course of Study	Years Completed	Graduate?	Diploma/Degree	GPA

College/Vocational/Trade School

Name & Location	Course of Study	Years Completed	Graduate?	Diploma/Degree	GPA

Military

Branch	Rank and Occupation	# of Years Served

Other formal education, training, certifications, or experience which you feel is relevant to the position for which you are applying:

Have you ever been convicted of -OR- entered a plea for any crime (misdemeanor and/or felony)? *If yes, state the crime(s) and explain:
Are any felony charges currently pending against you? *If yes, explain:

Employment History

List the most current employer first and do not skip employers.

Name/Address		
Position	Starting Salary	Ending Salary
Description of Duties:		
Supervisor's Name:	Dates of Employment:	
Reason(s) for Leaving:		

Name/Address		
Position	Starting Salary	Ending Salary
Description of Duties:		
Supervisor's Name:	Dates of Employment:	
Reason(s) for Leaving:		

Name/Address		
Position	Starting Salary	Ending Salary
Description of Duties:		
Supervisor's Name:	Dates of Employment:	
Reason(s) for Leaving:		

Name/Address		
Position	Starting Salary	Ending Salary
Description of Duties:		
Supervisor's Name:	Dates of Employment:	
Reason(s) for Leaving:		

References

Name	Email Address	Phone	Company/Title	Years Acquainted

Applicant Statement

Please read carefully before signing.

I hereby affirm that the information provided in this application (and accompanying documentation including resume and cover letter) is true and complete. I also agree that any false information, misrepresentations, or omissions -verbal or written- may disqualify me from further consideration for employment and may result in discipline or dismissal, at the City's discretion, if discovered at a later date. I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the City to hire me.

I authorize a thorough investigation of all statements and references contained in this application and of any employment, educational, and criminal history, including discipline and attendance records, and agree to cooperate in such investigation. I release from all liability and responsibility all persons and entities requesting or supplying such information and waive any right to notice of such disclosure.

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 conduction such as medical examination to release the results of such examination to the City of Grandville. I hereby give consent for the City, through an authorized testing service of its choice, to collect blood, urine, or other samples from me to determine the presence of alcohol, drugs, or controlled substances, and I hereby release the City from any liability arising out of such tests or its results. I acknowledge that remaining free of drug use and complying with the City's substance abuse policy is a condition of my employment.

I also understand that if I have a protected disability that affects my ability to perform the job I seek, that I may ask the City to attempt to make a reasonable accommodation for it. I must let the City know of my need for accommodation with 182 days of when I knew or should have known of my need for such accommodation.

I understand that all employees of the City are employed on an at-will basis and are subject to termination at any time, with or without notice, discipline, or warning, for any or no reason. No person other than the City Manager, with approval of the City Council, has authority to offer employment for any specified period or to make any different agreement. No such agreement will be enforceable unless it is in writing, pertains specifically to me, and is signed by the City Manager. Without limiting the foregoing, I further understand that I am required to abide by all rules and regulations of the City and to work the hours, days, and shifts (either day or night) scheduled by the management of the unit where I am employed.

Applicant Signature	Date
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