

**APPLICATION
FOR EMPLOYMENT**
Appendix B

INSTRUCTIONS: Type or print in ink. Complete all questions in detail. Attach additional pages, if necessary, and documents requested. Separate applications are required for each classification or position in which you are interested. Applicants are considered for all positions without regard to race, color, creed, age, religion, national origin, gender, marital status, handicap, political affiliation, beliefs, sexual orientation, or other protected class. Any job offer is conditioned on the results of a medical examination, drug screening, and background investigation. If you need special equipment or accommodations to participate in the selection process, or to perform the essential duties of the position (as listed in the job posting/job description), please inform us when you return your application.

POSITION OR CLASSIFICATION APPLIED FOR: _____

IDENTIFICATION

NAME: _____ **SOCIAL SECURITY NO.** _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(NUMBER) (STREET) (P.O. BOX) (APT.#)

(CITY) (STATE) (ZIP CODE)

PHONE: (Home): (_____) (Alternate) (_____) Best Time to Call: _____

If you applying for a position which involves driving a motor vehicle identify:

DRIVER'S LICENSE NO.: _____ **Type:** _____ **Exp.Date** _____ **Issuing State** _____

Describe all traffic-related offenses that are currently on your driving record:

GENERAL INFORMATION

EMPLOYMENT DESIRED: Full-Time Part-Time Temporary Seasonal **Date Available:** _____

Do you have any relative (by blood, marriage or adoption) who is a current or former employee of the City: Yes No

If "Yes", name of employee: _____ Relationship: _____

Are you under the age of 18? Yes No If "Yes", what is your age? _____

Are you a U.S. Citizen? Yes No Are you a Permanent Resident Alien? Yes No

If a Permanent Resident Alien, what is your Registration Number? _____

Review the Description of Work section of the Announcement for the position/classification for which you are applying.

Can you perform the duties of the job in which you wish to be employed with or without accommodation? Yes No

If accommodation is requested, how would you perform the tasks and with what accommodation? _____

Have you ever been convicted of any crime, either misdemeanor or felony? Yes No

If "Yes," describe when, where and nature of offense and its disposition: _____

Are there any felony charges pending against you? Yes No If "Yes," describe in full detail: _____

NOTE: Conviction or felony charges do not automatically mean you cannot be appointed. What you were Convicted of and how long ago are important. Give use all the facts so that an informed decision can be made.

EDUCATION

INSTITUTION	NAME AND LOCATION	DATES ATTENDED		If You Graduated, Type of Degree	Grade Point Average	Major	Minor	If no degree, Credit hours earned
		FROM :	TO:					
HIGH SCHOOL								
COLLEGE								
POST-GRADUATE								
BUSINESS, TRADE, VOCATIONAL, OR MILITARY EDUCATION OR OTHER TRAINING								

SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work for our City. Include any professional licenses or certifications you hold.

EMPLOYMENT HISTORY

Directions: Carefully review the qualifications on the job announcement. If work experience or specific skills are listed as qualifications, you must describe how you meet the qualifications by listing your work experience, skills, etc in this section of the application. BE COMPLETE AND SPECIFIC. RESUMES MAY BE ATTACHED BUT SHALL NOT SUBSTITUTE FOR COMPLETION OF THIS SECTION. Begin with your present or last position. List promotions or changes from part-time to full-time work hours with the same employer separately. Include work in the U.S. Armed Forces and attach a copy of your discharge certificate. Attach extra pages if necessary to provide a complete work history. Describe how you qualify for the position you are seeking.

Employer	Telephone ()	Dates employed		Summarize the nature of the Work performed and job responsibilities:
		From:	To:	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate supervisor & title		\$	Per	
Reason for leaving		Hourly/ Rate/Salary		
		Final		
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	Per	
Employer	Telephone ()	Dates employed		Summarize the nature of the Work performed and job responsibilities:
		From:	To:	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate supervisor & title		\$	Per	
Reason for leaving		Hourly/ Rate/Salary		
		Final		
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	Per	
Employer	Telephone ()	Dates employed		Summarize the nature of the Work performed and job responsibilities:
		From:	To:	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate supervisor & title		\$	Per	
Reason for leaving		Hourly/ Rate/Salary		
		Final		
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	Per	

PERSONAL REFERENCES

(Not a Relative or Former Employer)

List name, address & telephone number of three business / work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name Mailing Address & Zip Phone Relationship to You

1. _____

2. _____

3. _____

List membership in professional, trade, business or civic association and any office held. Exclude memberships that would reveal gender, race, religion, national origin, age, color, disability or other protected status.

1. _____

2. _____

3. _____

List special accomplishments, publications, awards, etc. Exclude information that would reveal a protected class status as noted above.

ACKNOWLEDGMENTS AND RELEASES

I certify that all information contained in this application is true and complete to the best of my knowledge. I agree and understand that any misstatement or falsification of information provided by me, whether oral or written, will result in my forfeiting any rights to consideration for employment with the City of New Baltimore or, if employed, being subject to immediate termination.

I authorize the City of New Baltimore to verify any of the information reported on the application with the listed schools, references and previous employers without providing written notice to me. I release the City from any liability in connection with such use or disclosure. If hired, I will serve at the will of the City and I agree that I shall be bound by the rules, policies, regulations, terms and conditions of employment of the City of New Baltimore as they are from time-to-time amended with or without notice to me. I agree that the City may terminate the employment relationship, with or without cause, and the City's right to so terminate may be altered only in writing directed to me personally by the Mayor, and only as determined by the City Council.

I agree that any lawsuit against the City of New Baltimore arises out of my employment or termination of employment including, but not limited to, claims arising under State or Federal civil rights statutes must be brought within one year of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

I further agree that any offer of employment, or my actual employment, is conditioned on the results of my pre-employment medical examination, drug screening and background investigation.

This application is valid for six (6) months. At the conclusion of this time, if I have not heard from the City and still wish to be considered for employment, it will be necessary to complete a new application.

Signature of Applicant: _____ Date: _____