



# City of Perry

203 W. Polly St., Perry, MI 48872

Ph: (517) 625-6155 Fax: (517) 625-6157

www.perry.mi.us

## Employment Application

Filing this application does not imply that the applicant will be employed, but rather only that the applicant will be considered in competition with other applicants.

City of Perry is an Equal Opportunity Employer. It is the City's policy to afford equal employment opportunity regardless of race, religion, color, national origin, sex, age, marital status, height, weight, disability or veteran status. Michigan Law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

### PERSONAL INFORMATION

\_\_\_\_\_ Date of Application

\_\_\_\_\_ Name(fist, middle, last)

\_\_\_\_\_ Present Address (street, city, state, zip code)

\_\_\_\_\_ Home Telephone or Number You Can be Reached at

\_\_\_\_\_ Position Desired

\_\_\_\_\_ Salary/Hourly Rate 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 crime (including misdemeanors)? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Are there any felony charges pending against you? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 (A "Yes" answer to either question will not automatically disqualify you.)  
 Explain: \_\_\_\_\_
- 4. Have you previously been employed by the City of Perry? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 5. Have you submitted an application here before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, when: \_\_\_\_\_  
 Under what name: \_\_\_\_\_
- 6. List any/all relatives currently employed at the City of Perry. \_\_\_\_\_  
 \_\_\_\_\_

**COMPLETE THE FOLLOWING ONLY IF THE POSITION REQUIRES A DRIVER'S LICENSE**

Driver's License Number: \_\_\_\_\_

Has your driver's license ever been revoked, suspended or restricted? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, for what reason and for how long? \_\_\_\_\_

List any moving violations during the last three (3) years: \_\_\_\_\_

**EDUCATIONAL HISTORY**

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

Name of High School: \_\_\_\_\_

GED: \_\_\_\_\_

*Schools (include trade schools)*

<i>Attended other than high school</i>	<i>Location (city and state)</i>	<i>Course or Major studied</i>	<i>Degree</i>
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**EMPLOYMENT HISTORY**

List below, beginning with the most recent, present and past employment (use a separate sheet of paper if necessary)

Company Name	Address	Phone Number
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Position Held/Job Title	Dates of Employment	Hourly Wage/Salary
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Name and Title of Immediate Supervisor	Reason for leaving
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Brief Description of Duties

Company Name	Address	Phone Number
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Position Held/Job Title	Dates of Employment	Hourly Wage/Salary
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Name and Title of Immediate Supervisor	Reason for leaving
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Brief Description of Duties

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 fact, either on this Application or during the pre-hire process, will be reason for (1) my not being offered employment, or (2) dismissal at any time from the service of the City of Perry, if employed.

I understand that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

I understand that consideration for employment at the City of Perry is conditional upon a review of my qualifications, work history, references, etc. I authorize the City of Perry to request and obtain verification that the information given by me on this Application is true, accurate and complete. I understand that such verification may include, but may not be limited to background information pertinent to the position for which I have applied, verification of education, verification of employment history, investigation of criminal history, driving record. I therefore authorize my current and all previous employers to cooperate with the City of Perry and to release any information they may have concerning me, including information in my personnel record or otherwise known to them to the City of Perry in connection with my application for employment with the City of Perry. I specifically release from liability any current or former employer(s), its agent, representatives, employees, officers, directors, etc., for or on account of their providing/disclosing such information to the City of Perry.

I agree that any claim or lawsuit relating to my service with the City of Perry must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute or limitations to the contrary.

The Immigration Reform and Control Act of 1986 states that employers must require all persons hired to submit documents to the employer showing their identity and their right to be lawfully employed in the United States. It also requires that the employee complete and sign a government form to this effect. I understand that if hired by the City of Perry I will timely furnish documents for inspection that verify my identity and that I am legally permitted to work in the United States. Furthermore, I understand that my employment will be terminated if I fail to timely provide the necessary documents.

Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_