City of Traverse City
Human Resources
400 Boardman Ave
Traverse City, MI 49684
(231) 922-4481

APPLICATION FOR EMPLOYMENT

THE CITY OF TRAVERSE CITY ACCEPTS EMPLOYMENT APPLICATIONS ONLY FOR SPECIFIC POSITIONS WHICH ARE OPEN AND SOLICITED. UNSOLICITED APPLICATIONS WILL NOT BE ACCEPTED.

Equal Opportunity Employer

Position applied for: _____ Announcement No.: _____

Date available to start work: _____

PERSONAL (print)

Name: _____ Date of Application: _____
(Last) (First) (Middle)

Home Phone: _____

Address: _____ Cell Phone: _____
(Number) (Street) (City) (State) (Zip)

EDUCATION

	Name/Location	Dates Attended		Did you Graduate?	Credit Hours Completed/ Degree Received		Major Course of Study
		From	To				
High School							
College							
Graduate School							

Any other educational, vocational or trade school training? _____

_____

_____

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes___ No___

If yes, Branch _____ Rank at Discharge _____ Date of Discharge _____

Special/technical training _____ Are you in the reserves? Yes___ No___ Date obligation ends _____

EMPLOYMENT REFERENCES

Name	Address	Phone Number
1		
2		
3		

EMPLOYMENT EXPERIENCE (List current or most recent job first. List complete work history, use additional sheets if necessary. Account for periods of unemployment.)

1	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
2	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
3	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
4	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
5	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			

ADDITIONAL INFORMATION

Are you 18 years or older? Yes _____ No _____ Are you a U.S. citizen? Yes _____ No _____

Are you authorized to work in the United States? Yes _____ No _____

Have you been previously employed here? Yes _____ No _____ If yes, department & date(s): _____

List any relatives working here and their relationship to you: _____

Have you ever been convicted of any violation of law other than traffic offenses? Yes _____ No _____

If yes, where, when and nature of offense(s): _____

_____

Do you have a valid driver's license? Yes _____ No _____ License No. _____ State _____

Have you had your driver's license suspended or accumulated more than four points? Yes _____ No _____

If yes, where, when and nature of offense(s): _____

_____

Have you tested positive, or refused a test within the past two years on any DOT pre-employment drug and/or alcohol test administered by a DOT-covered employer? Yes _____ No _____

Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation? Yes _____ No _____ If no, please explain: _____

State any additional information that you feel may be helpful to us in considering your application.

_____

AUTHORIZATION AND UNDERSTANDING

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment or education with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers, including disciplinary employment records. I specifically waive any rights to be notified under Section 6(3)(a) of the Michigan Bullard-Plawecki Act of the release of personnel file information by prior employers and of the release of personnel file information to prospective employers by the City of Traverse City. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

If applying for a position with the City of Traverse City, I understand I may be subject to a full background investigation, including finger print checks, a review of police and arrest records, and a review of any criminal conviction history. If applying for a position which involves working with children, I understand that I am subject to a background investigation that will include a review of any criminal conviction history.

I agree that any action or suit against the City arising 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 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any action or claim arising out of my employment against the City in which the City prevails, I will pay to the City any and all costs incurred by the City in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my post-offer employment physical and drug test are known.

FOR NON-BARGAINING UNIT POSITION APPLICANTS

I understand that neither this document nor any offer of employment constitutes a contract of employment. I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the City Manager. I agree that I shall be bound by the rules, policies, regulations, and terms and conditions of employment of the City as they are from time to time changed, and no additional obligations can be imposed on the City except that which have been acknowledged in writing by the City Manager.

FOR BARGAINING UNIT POSITION APPLICANTS

I understand that conditions of my employment will be in accordance with the applicable collective bargaining unit agreement with the City of Traverse City. I agree that I shall be bound by the rules, policies, regulations, and terms of employment of the City as they are from time to time changed, and no additional obligations can be imposed on the City except those which have been acknowledged in writing by the City Manager.

I further understand that the Michigan Handicappers' Civil Rights Act, MCL 37.1101, et seq, requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer. Handicapped employees and applicants may request an accommodation of their handicap by notifying the City in writing of the need for accommodation within 182 days of the date the handicapper knows or should know that an accommodation is needed. Under the Act, failure to properly notify the City will preclude any claim that the employer failed to accommodate the handicapper.

_____ _____

Signature Date