



City of Sturgis

- Full Time
- Part Time

NAME _____

POSITION APPLIED FOR _____



**Over 100
Years of
Success**

**Application for Full & Part Time At-Will
Employment**

APPLICATION FOR AT-WILL EMPLOYMENT WITH THE CITY OF STURGIS

The city of Sturgis is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a protected disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in within 182 days of the date that the need is known or should have been known.

GENERAL INFORMATION

Read Carefully Before You Complete this Application

NOTICE: Print Clearly or type. Answer all questions. If specific section does not apply, then enter N/A in that section, you may use a separate sheet of paper and identify your answer with the reference block (i.e. Employment Record).

Application must be completed by the person who is applying for the position.

Incomplete applications will not be processed!

Please be sure to date and sign this application in the appropriate section.

Do not misstate or omit any material facts. Any application containing misstatements, omissions or false information will be rejected from any further consideration.

Please note that this application will only remain active for 3 months, after which the application would need to re-apply.

GENERAL INFORMATION:

Position & Dept. Applying For:					
Date of Application:			Date You Can Start:		
Last Name		First Name		Middle Initial	
Present Address	Street	City	State	Zip Code	Work Phone
Permanent Address	Street	City	State	Zip Code	Home Phone
Are there any hours or days of the week you cannot work? Yes No If so, when?					
Are you 18 years or older? Yes No		Type of Employment: Full-Time Part-Time If applying part-time, what days and hours?			
Salary Desired					
Are you employed? Yes No Where?					
Have you ever applied to, or worked for, the City of Sturgis before? Yes No Under what name? When?					
List anyone you know who works for the City.					

EDUCATION:

List ALL Schools Attended	Name and Address of School	No. of Years Attended	Did You Graduate?		Major
			Yes	No	
High/Prep Schools					
Colleges					
Specialized or Other					

EMPLOYMENT RECORD:

Most recent one first

Date Mon. & Year	Name, Address & Telephone Number of Employer	Salary	Last Position	Reason for Leaving
From:		Starting:		
To:		Ending:		
Duties Performed:				
Date Mon. & Year	Name, Address & Telephone Number of Employer	Salary	Last Position	Reason for Leaving
From:		Starting:		
To:		Ending:		
Duties Performed:				
Date Mon. & Year	Name, Address & Telephone Number of Employer	Salary	Last Position	Reason for Leaving
From:		Starting:		
To:		Ending:		
Duties Performed:				
May we contact the employers listed? Yes No				
If not, which one(s)?				

***Attach additional sheet if necessary.

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PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING TO INDICATE YOUR UNDERSTANDING:

I understand that prior to being offered employment I may be requested to take a written aptitude test. In the event that I have a disability that will affect my ability to take the test, I will so inform the City prior to the administration of the test so that a reasonable accommodation can be made. The City reserves the right to require medical documentation regarding the need for accommodation.

I understand that if I am hired and if I suffer from a protected disability that affects my ability to do the job, I may ask the City to attempt to make a reasonable accommodation for it. I must make any request in writing to the City Manager within 182 days after I know or reasonably should have known that an accommodation was needed.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statement on this application may result in termination.

I understand and agree that, if hired, my employment is an "at-will" employment relationship and is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice, unless the position is covered by a collective bargaining agreement.

I authorize investigation of all statements contained in this application fro any employment-related purpose. I release the listed references and all employers, except those specifically excepted*, to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give you.

Date: _____

Signature

*Employers specifically excepted: _____

-----**FOR EMPLOYER USE ONLY**-----

Interviewed by: _____ Dated: _____

Hired: _____(yes) _____(no)

Starting Date: _____ Position: _____

Wage: _____

Reference Check completed by: _____ Dated: _____

Comments: _____

