



CITY OF  
**Sturgis**  
MICHIGAN

- Full Time
- Part Time

NAME \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_



# 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, 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 remain active for 6 months, after which the applicant would need to re-apply.

**GENERAL INFORMATION:**

Position & Dept. Applying For:					
Date of Application:		Date You Can Start:		Email Address	
Last Name		First Name		Middle Initial	Cell Phone
Present Address		Street	City	State	Zip Code
Permanent Address		Street	City	State	Zip Code
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
Salary Desired		If applying part-time, what days and hours?			
Are you employed?		Yes	No	If yes - where?	
Have you ever applied to, or worked for, the City of Sturgis before?		Yes	No	When?	
Under what name?					
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					

**U.S. MILITARY EXPERIENCE:**

Do you have U.S. Military Experience?      Yes      No		Date Entered:	Date Discharged:
Branch	Rank	Honorably Discharged?      Yes      No	

**LEGAL INFORMATION:**

Do you possess a valid driver's license? <b>If yes, please provide State issued and your license number.</b>	Yes      No	<b>CDL</b> Yes    No <b>If yes, class...</b>	Are you legally authorized to work in the United States? Yes      No
Have you ever been convicted of a crime? <b>If yes, please describe in full:</b>	Yes      No		
Have you ever been arrested for a felony? <b>If yes, describe in full:</b>	Yes      No		

**REFERENCES:**

Name & Phone number	Address	Relationship	Years Acquainted
Emergency Contact: Name	Street	City	Phone No:

**ADDITIONAL SKILLS:**

Please provide any additional information, such as special skills, training, management experience operation or qualifications you feel will be helpful to us in considering your application. **Attach separate page if necessary.**

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# 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:				
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? <span style="margin-left: 100px;">Yes</span> <span style="margin-left: 100px;">No</span> <b>If not, which one(s)?</b>				

**\*\*\*Attach additional sheet if necessary.**

**THIS PAGE IS INTENTIONALLY BLANK**

**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, any falsified statement on this application may result in immediate 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 for 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Employers specifically excepted: \_\_\_\_\_

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

Interviewed by: \_\_\_\_\_

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

Hired:   yes    no

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

Position: \_\_\_\_\_

Wage: \_\_\_\_\_

Reference Check completed by: \_\_\_\_\_ Dated: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_