



# CITY OF NEGAUNEE

PO Box 70, Negaunee, Michigan 49866, Phone: 906-475-7700 Fax: 906-475-0178

## APPLICATION FOR EMPLOYMENT

The City of Negaunee is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected category.

You must answer all questions completely and truthfully. Failure to do so will result in rejection of your application (you will not be considered for employment), or, if not discovered until a later date, may result in discipline or discharge from employment.

Position(s) Applied for: \_\_\_\_\_

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

Last

First

Middle

Address: \_\_\_\_\_

Street

City

State

Zip Code

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

If you are applying for a position for which driving is a job requirement, do you presently have a valid Michigan Driver's License? Yes  No

Type of license:  Operator's License  
 Commercial Driver's License (CDL)

Driver's License No. \_\_\_\_\_

Do you have any relatives working for the City? Yes  No

If yes, relationship \_\_\_\_\_

Department \_\_\_\_\_

Are you under 18 years of age? Yes  No

Are you currently working? Yes  No

Are you on lay off? Yes  No

If Yes, are you subject to recall? Yes  No

Will you submit to a drug screening? Yes  No

Have you ever been employed by the City of Negaunee? Yes  No

If yes: date: \_\_\_\_\_ position: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (Proof of citizenship or immigration status may be requested upon employment).

Yes \_\_\_ No \_\_\_

Have you ever been fired? Yes \_\_\_ No \_\_\_

If Yes, give date, where you worked and explanation: \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

If Yes, give date, where you worked and explanation: \_\_\_\_\_

*NOTE: A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation, and rehabilitation will be considered.*

Are you capable of performing with or without reasonable accommodation (special assistance, equipment or other help), the activities involved in the job or occupation for which you have applied? Yes \_\_\_ No \_\_\_

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### EDUCATION

Name & Location of High School: \_\_\_\_\_

Graduate? Yes \_\_\_ No \_\_\_

If you have not received a high school diploma, have you passed a high school equivalency or GED test?

Yes \_\_\_ No \_\_\_

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### TRAINING BEYOND HIGH SCHOOL

How many years of education have you had? \_\_\_\_\_

(1) College, University, or Technical	Dates From To	Did You Graduate?	Certificate Or Degree	Course of Study
_____	_____/____	__Yes__ No	_____	_____

(2) College, University, or Technical	Dates From To	Did You Graduate?	Certificate Or Degree	Course of Study
_____	_____/____	__Yes__ No	_____	_____

(3) College, University, or Technical	Dates From To	Did You Graduate?	Certificate Or Degree	Course of Study
_____	_____/____	__Yes__ No	_____	_____

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**EMPLOYMENT HISTORY**

List each job held. Start with your present or last job first.

Employer's Name \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Title of Position: \_\_\_\_\_  
Name and Title of Supervisor: \_\_\_\_\_  
Your Title: \_\_\_\_\_  
Length of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Hours per Week: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Number and Types of Positions you Supervised: \_\_\_\_\_  
Total (Years/Months) \_\_\_\_\_

Principal Responsibilities – Be Complete:

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May we contact your present employer?  Yes  No  
If no explain: \_\_\_\_\_

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Employer's Name \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Title of Position: \_\_\_\_\_  
Name and Title of Supervisor: \_\_\_\_\_  
Your Title: \_\_\_\_\_  
Length of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Hours per Week: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Number and Types of Positions you Supervised: \_\_\_\_\_  
Total (Years/Months) \_\_\_\_\_

Principal Responsibilities – Be Complete:

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May we contact your present employer?  Yes  No  
If no explain: \_\_\_\_\_

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Employer's Name \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Title of Position: \_\_\_\_\_  
Name and Title of Supervisor: \_\_\_\_\_  
Your Title: \_\_\_\_\_  
Length of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Hours per Week: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Number and Types of Positions you Supervised: \_\_\_\_\_  
Total (Years/Months) \_\_\_\_\_

Principal Responsibilities – Be Complete:

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May we contact your present employer? Yes \_\_\_\_ No \_\_\_\_  
If no explain: \_\_\_\_\_

Describe any specialized training, apprenticeships, internships, skills, licenses, certificates, and extra-curricular activities that pertain to the position(s) for which you are applying.

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List professional trade, business group memberships, offices held, and volunteer work. You may exclude groups that would reveal race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected class:

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**REFERENCES:**

(Do not include relatives or former employers)

Name	Address	Telephone
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**MILITARY SERVICE RECORD**

Have you had any experience in the Armed Forces of the United States of America or in a State National Guard that is directly related to the position you are applying for?

\_\_\_ No \_\_\_ Yes If "Yes" what Branch? \_\_\_\_\_ Rank at Discharge? \_\_\_\_\_  
Date of Discharge: \_\_\_\_\_ Were you discharged other than dishonorable \_\_\_ Yes \_\_\_ No

*Note: A dishonorable discharge from the military will not necessarily be a bar to employment.*

## WAIVERS AND ACKNOWLEDGMENTS

1. I authorize the references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and any pertinent information they may have, including disclosure of any disciplinary reports (even if more than four years old), and release all parties from any liability for any damages that may result from furnishing same to you. I further authorize you to release such information when such information may be requested by any prospective or subsequent employers without the need to provide me any notice of such disclosure.
2. I understand that the use of this application does not indicate that there are positions available, nor does it imply or create an employment contract. I understand that the only employment contracts are those specifically authorized by Municipality management that have been reduced to writing and have been executed by both the employee and an authorized representative of the Municipality. Accordingly, I understand that no employment contract, either expressed or implied, for any period, is created hereby should the Municipality hire me.
3. If hired, I understand that my employment is at-will (just cause for union employees), and can be terminated at any time, with or without notice, for any reason at the option of either the Municipality or me. Should the Municipality hire me, I agree to observe all the Municipality's policies, practices, and procedures currently in existence and new and revised ones that may be issued in the future.
4. I understand that any employment offer is conditional upon the result of the drug screening test, post offer pre-employment medical examination, and background investigation (when applicable based on the position sought).
5. I understand that if I have a physical, mental, or other impairment that would interfere with my ability to perform in a position but that may be accommodated by, for instance, the purchase of equipment or devices, the provision of readers or interpreters, or the restructuring or altering of work schedules, the Michigan Persons With Disabilities Civil Rights Act requires me to notify the Employer's Human Resources Department in writing of need for accommodation within 182 days after I knew or should reasonably have known that the accommodation was needed.
6. I agree that any lawsuit against the Municipality arising out of my employment or termination of employment, including but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within six months of the event giving rise to claims or be forever barred. I waive any limitations period to the contrary. For circumstances in which the statutory period of limitation is less than six months, the statutory limit will supply.

I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS OF EACH OF THE ABOVE SIX (6) INDIVIDUAL STATEMENTS, AS INDICATED ABOVE.

Signature \_\_\_\_\_ Date \_\_\_\_\_