

# APPLICATION FOR EMPLOYMENT

City of Sault Ste. Marie  
Human Resources Department  
325 Court Street  
Sault Ste. Marie, MI 49783  
Phone: (906) 632-5708



**To the applicant:** We appreciate your interest in employment with the City of Sault Ste. Marie. A clear understanding of your background and work history will aid us in considering you for a position, which meets your qualifications. The City will retain this application for 6 months.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, marital or veteran status, the presence of a medical condition or handicap, height, weight, or any other protected status.

## PERSONAL:

Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ Phone \_( ) \_\_\_\_\_  
(Number) (Street) (City) (Zip)

Are you 18 years or older?  Yes  No

Are you authorized for legal residence in the U.S.?  Yes  No

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

Have you been previously employed here?  Yes  No If yes, date(s) \_\_\_\_\_

Supervisor Name(s) \_\_\_\_\_

Have you filed an application before?  Yes  No If yes, date(s) \_\_\_\_\_

Position(s) \_\_\_\_\_

List any immediate relatives employed by the City: \_\_\_\_\_

Do you have reliable means of transportation to and from work?  Yes  No

## EMPLOYMENT DESIRED:

Position(s) applied for \_\_\_\_\_

Kind of work sought:  Full Time  Part Time  Seasonal

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for? \_\_\_\_\_

Date available for work? \_\_\_\_\_

Employers must make accommodations to disabled applicants and employees where the accommodations do not impose an undue hardship on the employer. Under Michigan law, disabled employees and applicants may request an accommodation for their disability by notifying, in writing, the need for accommodations within 182 days of the date the disabled individual knows or should have know that an accommodation is needed. Failure to properly notify the City may prelude a claim that the employer failed to accommodate the disabled individual.

**WORK EXPERIENCE (List most current or most recent job first.)**

		<b>Employment Dates</b>		
<b>1</b>	<b>Employer &amp; Phone</b>	<u>From</u>	<u>To</u>	<b>Work Performed</b>
	<b>Address</b>			
	<b>Job Title</b>	<b>Hourly Rate/Salary</b>		
	<b>Supervisor</b>	<b>Starting</b>	<b>End</b>	
	<b>Reason for Leaving</b>			
		<b>Employment Dates</b>		
<b>2</b>	<b>Employer &amp; Phone</b>	<u>From</u>	<u>To</u>	<b>Work Performed</b>
	<b>Address</b>			
	<b>Job Title</b>	<b>Hourly Rate/Salary</b>		
	<b>Supervisor</b>	<b>Starting</b>	<b>End</b>	
	<b>Reason for Leaving</b>			
		<b>Employment Dates</b>		
<b>3</b>	<b>Employer &amp; Phone</b>	<u>From</u>	<u>To</u>	<b>Work Performed</b>
	<b>Address</b>			
	<b>Job Title</b>	<b>Hourly Rate/Salary</b>		
	<b>Supervisor</b>	<b>Starting</b>	<b>End</b>	
	<b>Reason for Leaving</b>			
		<b>Employment Dates</b>		
<b>4</b>	<b>Employer &amp; Phone</b>	<u>From</u>	<u>To</u>	<b>Work Performed</b>
	<b>Address</b>			
	<b>Job Title</b>	<b>Hourly Rate/Salary</b>		
	<b>Supervisor</b>	<b>Starting</b>	<b>End</b>	
	<b>Reason for Leaving</b>			

<b>Education</b>	<b>Name/Location</b>	<b>Years Completed</b>	<b>Diploma Degree</b>	<b>Course of Study</b>
<b>High School</b>				
<b>College</b>				
<b>Graduate School</b>				
<b>Voc./Trade</b>				

Any other educational training \_\_\_\_\_  
 \_\_\_\_\_

**References (Do not include relatives.)**

	Name	Address	Phone Number	Years Acquainted
1				
2				
3				

**Military Service Record:**

Have you had any experience in the U.S .Armed Forces or National Guard?  **Yes**  **No**

If yes, what branch? \_\_\_\_\_ Rank at Discharge \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Are you in U.S. Reserves?  **Yes**  **No** If yes, date obligations end \_\_\_\_\_

Special/technical training: \_\_\_\_\_

\_\_\_\_\_

**Additional Information:**

Have you ever been convicted of a crime?  **Yes**  **No** If Yes, where, when and the nature of the offense \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have, or are you eligible for a commercial driver's license?  **Yes**  **No**

List professional trade, business or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex, national origin, handicap, martial or veteran status, height, weight or age. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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, education, credit or medical history 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 without any obligation to give me written notice of such disclosure. 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.

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 other 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 those which have been acknowledged in writing, by the City Manager or his designated representatives.

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 events 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 non-statutory 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 such 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 physical (if such physical is required) are known.

I have knowledge of and consent to the use of my social security number and DOB in order to conduct a required pre-employment background check, employment verification and /or credit check, and agree to provide my social security number and DOB upon request of the City to conduct such checks.

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