

EMPLOYMENT APPLICATION

Last Name	First Name	Middle		
Current Street Address	State	Zip	No. of Years	
Previous Address & City (if less tha	n 3 years)		How long?	
Home Telephone Number	Cell Telephone Nu	mber		
Social Security Number	Operator	Operator's License Number (& Endorsements)		
	EMPLOYMENT	NTEREST		
Position Appling for			Pay Expected	
Preference: (Circle One)	Part-Time	Full-T	ime	
Have you ever applied for w	ork with us before? (If yes,	when?)		
If hired, do you have reliable	e transportation? (If no, how	w will you get to work?)	
Do you have any friends or	relatives working for us? (If	yes, indicate who?)		

12 N. Charles St., PO BOX 607 White Cloud, MI 49349 231-689-1194

Do you have any special skills, qualifications, or licenses? (If yes, please list.)						
If hired, do you agre	e to work under our I	Drug and Alcohol test	ing program? Ye	s No		
Have you ever been explain.)	denied a license, per	mit, or privilege to op	perate a motor vehicl	e? (If yes, please		
Has any license or p	ermit been suspende	d or revoked? (If yes,	please explain.)			
	ED	UCATIONAL REFEREN	NCES			
Level	Name & Location	Years Completed	Diploma/Degree	Course of Study		
High School						
College						
Grad School						
Other (please specify, training, certifications)						
Military						
PERSONA	.L REFERENCES (Do no	ot include relatives, o	r employees/former	employees)		
Name	Address	City, State, & Zip	Telephone #	Years Acquainted		

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APPLICANT'S CERTIFICATION AND AGREEMENT

By signing this application, I believe that all the information now and after given by me in support of my application for employment is true and complete and that, specifically:

- 1. I authorize the City of White Cloud to verify any of the information concerning my previous employment, educations, credit or medical history, and criminal or driving record, with the appropriate individuals or agencies. I authorize them to release to the City of White Cloud any such information as you may require including the Company's Drug and/or Alcohol Abuse testing programs and procedures. This release includes my prior disciplinary employment records without any obligation to give me written notice of such disclosure; and,
- 2. I also authorize the City of White Cloud to release any information requested by any of my previous or future employers without any obligation to give me written notice of such disclosure. I hereby release the City of White Cloud and them from any liability whatsoever as a result of any such inquires and disclosures. I hereby voluntarily consent to participate in any and all drug, alcohol, or substance abuse testing programs implemented or in place on behalf of the City of White Cloud. I hereby forever release the City of White Cloud and all others from any liability resulting from such testing and/or disclosures and,
- 3. This application is not to be considered as making terms and conditions of employment or on an employee contract. You have the right to terminate your employment with the City of White Cloud at any time without notice and without cause and the City of White Cloud maintains that same right.
- 4. I agree that any action or suit against the City of White Cloud arising out of my employment or termination of employment, including, but not limited to claims arising under State or Federal civil rights statues, must be brought within 180 days of event giving rise to the claim or be forever barred. I waive any stature of limitations to the contrary; and,
- 5. If you are selected for hire, you will be offered employment provided you verify that you are authorized to work as required by the Immigration Reform and Control Act of 1986, and,
- 6. I certify that all statements on this Application for Employment are made truthfully and without evasion, and further understand and agree that any such statements may be investigated and if found to be false will be sufficient grounds for not being employed or if employed may result in my dismissal.

Signature of Applicant	Date	

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Interviewer's comments: Date: _____ Employment Verification: _____ Disposition: Hired: _____ Starting Date: _____ Not Hired: ____ Reason: _____

FOR OFFICE USE ONLY

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