



City of Portland, Michigan

Application for Employment

We consider all applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, disability, or any other legally protected status.

PERSONAL DATA			
Name (Last, First Middle)		Social Security Number	
Address	City	State	Zip
Cell Phone Number	Email Address		Michigan Driver's License Number
Has your license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a High School Diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	

POSITION INFORMATION			
Position Applying For	Hours: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Shift: <input type="checkbox"/> Days <input type="checkbox"/> Evenings	Status: <input type="checkbox"/> Regular <input type="checkbox"/> Temporary
Have you ever been convicted of a felony? If yes, explain: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Available Start Date	How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other	Are you currently on "Lay Off" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, can you provide proof of eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you authorized to work in the U.S. on an unrestricted basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you prevented from lawfully becoming employed in this country? Proof of citizenship or immigration status will be required upon employment. <input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATION				
School Level	School Name & Location	Course of Study	Did you graduate?	Certificate or Degree Earned
High School			<input type="checkbox"/> Y <input type="checkbox"/> N	
Undergraduate/College			<input type="checkbox"/> Y <input type="checkbox"/> N	
Graduate/Professional			<input type="checkbox"/> Y <input type="checkbox"/> N	
Business/Trade			<input type="checkbox"/> Y <input type="checkbox"/> N	
Describe any specialized training, apprenticeship, skills, or extracurricular activities				
Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application				

MILITARY STATUS

Have you had any job-related training in the U.S. military? If yes, complete the remainder of the military section <input type="checkbox"/> Yes <input type="checkbox"/> No		Classification	
Have you ever been a member of the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		What branch did you serve in?	Date Entered
			Date Discharged
Specific Job	Can you perform the duties of the job for which you are applying, with or without accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain, if necessary:	
Give any special training that would assist you in the job for which you are applying			

EMPLOYMENT HISTORY

List all employment history, starting with your present or last job. Include any job-related military service assignment and volunteer work.

Employer		Supervisor	
Address	City	State	Zip
Job Title	Phone Number	Start Date	End Date
Work Performed			
Starting Salary	Ending Salary	Reason for Leaving	

Employer		Supervisor	
Address	City	State	Zip
Job Title	Phone Number	Start Date	End Date
Work Performed			
Starting Salary	Ending Salary	Reason for Leaving	

Employer		Supervisor	
Address	City	State	Zip
Job Title	Phone Number	Start Date	End Date
Work Performed			
Starting Salary	Ending Salary	Reason for Leaving	

EMPLOYMENT HISTORY

Have you ever been discharged or forced to resign from a job for misconduct or unsatisfactory service? If yes, why?

Yes No

May we contact your present and past employers regarding your character, qualifications, and job performance?

Yes No

Summarize special job-related skills and qualifications acquired from previous employment

REFERENCES

Please provide the name, phone number, and email address of three references who are not related to you and are not previous employers.

1. Name	Title/Organization (if applicable)
Phone Number	Email Address
Relationship	

2. Name	Title/ Organization (if applicable)
Phone Number	Email Address
Relationship	

3. Name	Title/ Organization (if applicable)
Phone Number	Email Address
Relationship	

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I understand that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and the employee in writing. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer. I understand and agree, that, if hired, my employment is at will and for no definite period and may, regardless of the date of payment of wages and salary, be terminated at any time, for any reason, without prior notice.

Signature of Applicant

Date