



City of Hastings, Michigan

Application for Employment

To applicants: Your interest in employment with the City of Hastings is appreciated. Completion of this application for employment assists with providing a clear understanding of your background and work history and will aid us in placing you in the position that best meets your qualifications. False or misleading statements or omissions will be cause for rejection of this application or dismissal after appointment.

The City of Hastings has a commitment to Equal Employment Opportunity and complies with Federal and State standards pertaining to equal employment opportunity. It is the policy of the City of Hastings to implement equal opportunity on an affirmative basis to all qualified employees and applicants for employment without regard to race, color, creed, sex, age, height, weight, marital status, religion, veteran status, national origin or disability. Michigan Law requires that a handicapped individual with a disability needing accommodations for employment notify the employer in writing, within 182 days after the need is known.

Position for which you are applying _____

Date of Application _____

How did you learn of this position? (Give source) _____

Last Name _____

First Name _____

Middle _____

Street Address _____

City, State _____

Zip Code _____

Telephone Number _____

Email _____

Are you prevented from becoming lawfully employed in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you available to work?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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

On what date would you be available to start work? _____

Are you able to perform the functions of the job position for which you are applying, with or without reasonable accommodation? ___Yes ___No

If reasonable accommodation is required, please detail _____

Have you been convicted of a felony within the last seven years? ___ Yes ___ No

If yes, please give details including charge, location, circumstances, etc.

Explain any gaps in employment: _____

Education

	School Name	City, State	Course of Study	Diploma / Degree
High School				
College				
Other (specify)				
Other (specify)				

Describe any specialized training, apprenticeships, skills, or licenses held.

Employment History

Start with your present or most recent job. Include any military service and volunteer activities. You may exclude organizations which indicate race, color, religion gender, national origin, disabilities, or other protected status. List all employers for positions held in the past 20 years.

Employer	Dates Employed From: _____ To: _____
Street Address	Telephone
City, State, Zip	Work Performed
Job Title	
Supervisor Name	Supervisor Contact Info
Reason for Leaving	

Employment History (continued)

Employer	Dates Employed From: _____ To: _____
Street Address	Telephone
City, State, Zip	Work Performed
Job Title	
Supervisor Name	Supervisor Contact Info
Reason for Leaving	

Employer	Dates Employed From: _____ To: _____
Street Address	Telephone
City, State, Zip	Work Performed
Job Title	

Supervisor Name	Supervisor Contact Info
Reason for Leaving	

Employer	Dates Employed From: _____ To: _____
Street Address	Telephone
City, State, Zip	Work Performed
Job Title	
Supervisor Name	Supervisor Contact Info
Reason for Leaving	

If you need additional space, please continue on a separate piece of paper.

May we contact the employers listed above? _____ Yes _____ No

If not, indicate the employers you do not wish us to contact and the reason:

References (Other than Family Members)

Name	Phone Number	Occupation or Relationship to Applicant

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment, education, volunteer, or other experience.

Applicant's Statement and Certification

By signing and submitting this application for employment, I certify that all information contained in it is true and complete to the best of my knowledge and belief. I understand and agree that, in the event of my employment with the City of Hastings, false or misleading information provided by me in my application or interview(s) may result in my immediate discharge.

I consent to a background investigation and authorize my former employers, school authorities, police agencies, and any other persons or organizations to give to the City of Hastings any information regarding my employment, education, experience or character together with any information they may have regarding me whether or not it is in their records. I hereby release them and their organization from any claims and liabilities whatsoever for issuing same and release the City of Hastings from any claims or liability for using such information in making a hiring decision.

I understand that neither this application nor any subsequent offer of employment creates a contract of employment and if I am hired, I will be employed at-will, meaning that the City may terminate my employment at any time, with or without cause and with or without notice and that no person in whatever position is authorized by the City of Hastings to convey or imply any terms of employment to the contrary.

I further understand and agree that, if employed, I will abide by all rules and regulations of the City of Hastings.

Signature of Applicant

Date