



CITY OF CHEBOYGAN APPLICATION FOR EMPLOYMENT

TO APPLICANT: We deeply appreciate your interest in the City of Cheboygan. Thank you for taking the time to complete this Application. This Application will be considered and kept on file for forty-five (45) days.

It is the policy of the City of Cheboygan to assure equal employment opportunity in its personnel practices. This includes equal treatment in its hiring selection, promotion, transfer, compensation, benefits, training, discipline and other personnel practices and terms and conditions of employment without regard to race, color, religion, sex, age, national origin, height, weight, marital status, veteran status or disability in accordance with all applicable federal, state and local laws and ordinances. Employment decisions at the City of Cheboygan are based on business considerations, merit, qualifications and abilities.

(PLEASE PRINT PLAINLY)

PERSONAL

Date _____

Name _____
Last First Middle

Driver's License No. _____ Telephone No. _____

Address _____
No. Street City State Zip

Are you legally eligible for employment in the U.S.A.? Yes No If hired, you are required to submit proof of your eligibility to work in the U.S.A.

Position(s) applied for _____

Were you previously employed by us? Yes No If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Are there any other job related experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? _____

Have you been convicted of a major crime (felony)? Yes No

(Do not answer Yes if the conviction has been pardoned, annulled, expunged, sealed or impounded by a court.)

If yes, please give the conviction date and nature of the offense. _____

A conviction record will not necessarily bar employment.

EMPLOYMENT HISTORY (List below present and past employment, beginning with your most recent [Attach additional history information or resume, if desired.]

I	Name & Address of Company and Type of Business	From	To	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.		

	Describe the work you did: _____						
	Telephone _____						

II	Name & Address of Company and Type of Business	From	To	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.		

	Describe the work you did: _____						
	Telephone _____						

III	Name & Address of Company and Type of Business	From _____ To _____	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor

	_____ Describe the work you did:					
Telephone _____						

RECORD OF EDUCATION

School	Name & Address of School	Course of Study	Check Last Year Completed	Did You Graduate?	List Diploma or Degree
High	_____	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College	_____	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other	_____	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name & Occupation	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

May we telephone you to follow up on this Application at home? Yes No
 If yes, what is the best time to call? _____
 May we telephone you to follow up on this Application at work? Yes No
 If yes, what is the best time to call? _____
 What is your telephone number at work? _____

PLEASE READ AND SIGN BELOW

I understand and agree that the City of Cheboygan and any investigative agency may investigate and verify any and all information related to my application for employment, past employment, education, credit, criminal or other history. I understand that the information provided may include medical information and my social security number. As legally permitted, I release from all liability the City of Cheboygan and any past employer, any educational institution, credit reporting agencies/bureaus or other providers of references or information concerning their participation in investigation or disclosure about me to the City of Cheboygan, and I waive any further notice of any such investigation and disclosures about me.

Signature of Applicant

PURSUANT TO MICHIGAN LAW: I hereby waive my right to written notice by my present and/or former employers whenever a disciplinary report, letter of reprimand, or other disciplinary action regarding me is divulged to you by present or former employers. Yes No

Signature of Applicant