

APPLICATION FOR EMPLOYMENT

City of Swartz Creek
8083 Civic Drive
Swartz Creek, MI 48473
810-635-4464

(An Equal Opportunity Employer)

(Please Print)

Last Name	First Name	Middle Name
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Is there additional information relative to a different name necessary to check work or other records? If yes, please explain:

Social Security Number: ____/____/____

Present Address:

Length of time at this address:

Previous address if less than one (1) year at above address:

Telephone Number: () Anticipated Start Date: / /

Have you ever been convicted of a crime? _____ If so, when, where and nature of offense:

Are there criminal charges pending against you? If so please explain:

Are you eighteen (18) years of age or older?

Please list below each type of specialized equipment you are skilled in operating:

Driver's License Number: _____ State of Issuance: _____

Person to be notified in case of accident or emergency:

Name	Address	Phone
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Have you ever been dismissed from or asked to resign from any employment position? If yes, please explain.

Are there any other experiences, skills or qualifications which you feel would especially qualify you for work in the position you are applying for? (Applicants are invited to submit resumes or other pertinent information in written form).

PERSONAL REFERENCES
(Not former Employers or Relatives)

Name and Occupation	Address
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Work Phone	Home Phone
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Name and Occupation	Address
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Work Phone	Home Phone
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Name and Occupation Address

Work Phone Home Phone

PAST AND PRESENT EMPLOYMENT

List below your present and past employment, beginning with you most recent employer.

Name and Address of Employer and Type of Business	From: Mo. Yr.	To: Mo. Yr.	Last Salary	Reason for Leaving	Name of Supervisor
Name:	/	/			
Address:	Describe the work you did:				
Type of Business:					
Telephone:					

Name and Address of Employer and Type of Business	From: Mo. Yr.	To: Mo. Yr.	Last Salary	Reason for Leaving	Name of Supervisor
Name:	/	/			
Address:	Describe the work you did:				
Type of Business:					
Telephone:					

Name and Address of Employer and Type of Business	From: Mo. Yr.	To: Mo. Yr.	Last Salary	Reason for Leaving	Name of Supervisor
Name:	/	/			
Address:	Describe the work you did:				
Type of Business:					
Telephone:					

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Name:	/	/			
Address:	Describe the work you did:				
Type of Business:					
Telephone:					

Name and Address of Employer and Type of Business	From: Mo. Yr.	To: Mo. Yr.	Last Salary	Reason for Leaving	Name of Supervisor
Name:	/	/			
Address:	Describe the work you did:				
Type of Business:					
Telephone:					

RECORD OF EDUCATION

(Include Current Course of Study or Training)

Name, City & State of Educational Institution	Graduated	Extra curricular Activities:
High School:	Yes No	Offices, Honors, Awards, & Other Concentrations or Interests:

Name, City & State of Educational Institution	Graduated	If No Degree, Credits Earned	Type of Degree Received-Expected		Major/Sem. Hours	GPA
				Mo./Yr.	Minor/Sem. Hours	
College or University:	Yes No					

Name, City & State of Educational Institution	Graduated	If No Degree, Credits Earned	Type of Degree Received-Expected		Major/Sem. Hours	GPA
				Mo./Yr.	Minor/Sem. Hours	
College or University:	Yes No					

Name, City & State of Educational Institution	Graduated	If No Degree, Credits Earned	Type of Degree Received-Expected		Major/Sem. Hours	GPA
				Mo./Yr.	Minor/Sem. Hours	
College or University:	Yes No					

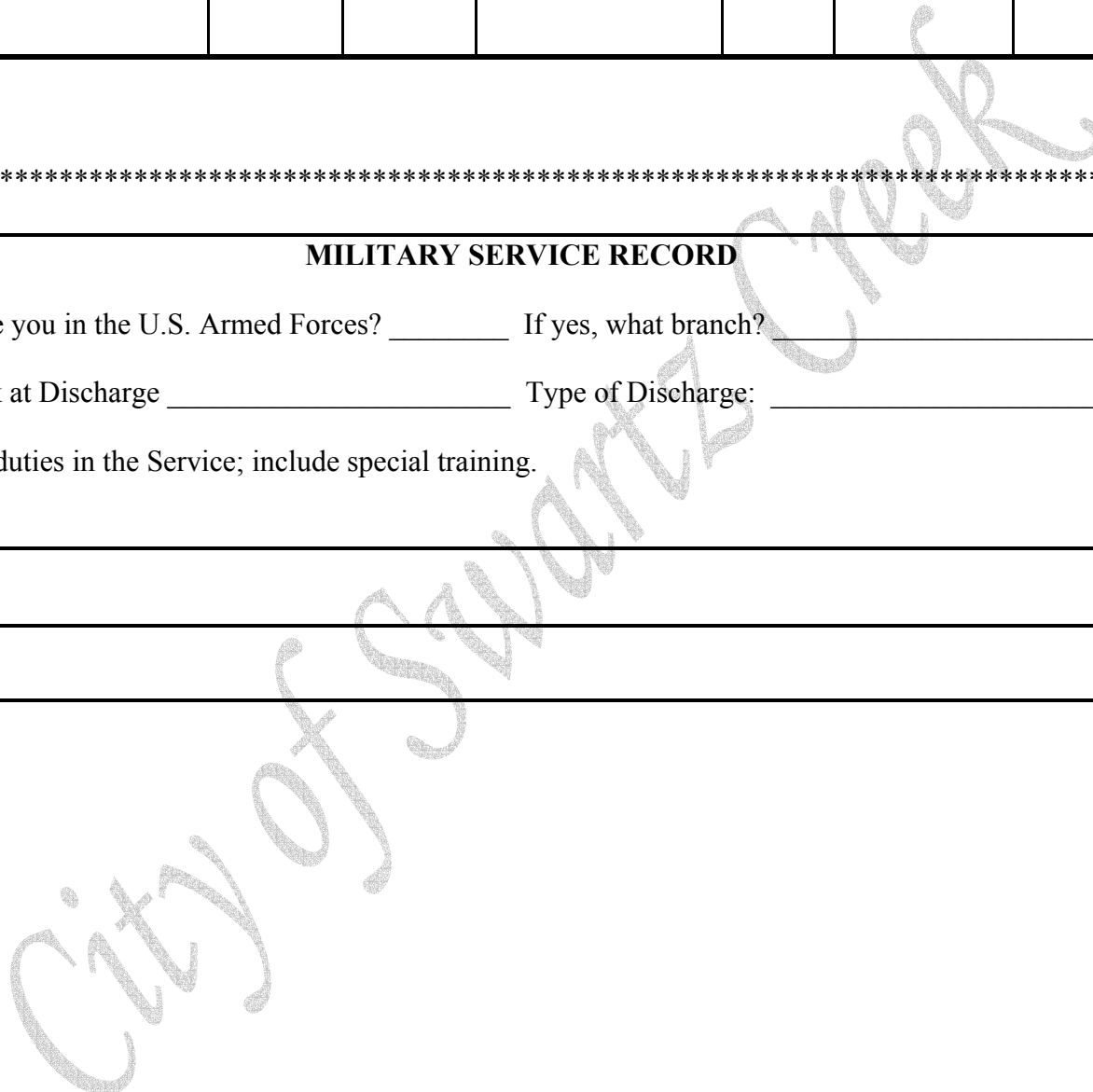
Name, City & State of Educational Institution	Graduated	If No Degree, Credits Earned	Type of Degree Received-Expected		Major/Sem. Hours	GPA
			Mo./Yr.	Minor/Sem. Hours		
College or University:	Yes No					

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? _____ If yes, what branch? _____

Rank at Discharge _____ Type of Discharge: _____

List duties in the Service; include special training.



PLEASE READ AND SIGN BELOW

I certify that the facts set forth in this Application of Employment, in my resume and in the other materials I have submitted are true and complete.

I hereby authorize the City of Swartz Creek (hereinafter "the Employer"), to contact all my former and current employers, educational institutions and other references I have provided regarding me and my performance record and work, academic and/or military experience. I also hereby release the Employer and its employees and agents, and all of my former and current employers, educational institutions, and the other references I have provided, from and all liability and damages for releasing or using information concerning me and my right under the Bullar-Palwecki Right to Know Act, 1978 PA 397, to receive written notice from the Employer or any former or current employer, that disciplinary reports, letter of reprimand, or other disciplinary action taken against me while employed, will be or have been disclosed to a third person or entity.

I also understand that the Employer may, in its sole discretion, conduct or have conducted by an individual or entity of its choice, a criminal background history search on me. I hereby consent to this search being conducted and to the disclosure of the results of that search to the individual or entity conducting the search, the Employer, and its employees and agents, from any and all liability, claims and damages, including but not limited to, claims for releasing or using any information revealed as a result of this search. I also understand and acknowledge that false information provided by me or criminal arrests or convictions will result in disqualification from employment with the Employer or in dismissal from employment if an offer of employment has been made and accepted.

I hereby consent to having a physical and/or psychological examination and/or test(s), including but not limited to drug and/or alcohol testing, conducted by a physician or other professional of the Employer's choice, and understand that any offer of employment is conditioned upon the results of this examination(s) and/or test(s).

Subject to the terms of any collective bargaining agreement applicable to me, I agree not to commence any action or suit relating to my employment with the Employer more than 180 days after the occurrence of the facts giving rise to the claim, or more than 180 days of the date of my termination of such employment, whichever is earlier, and to waive any statute of limitations to the contrary.

If I am employed, I understand that additional personal data will be required for determination of benefit eligibility and for statistical purposes.

I hereby certify that the statements made on this application are true, complete and correct and are made in good faith. I understand that false statements made herein are sufficient cause for rejection of this application or discharge in the event of appointment.

I will abide by all policies, rules, and regulation of the Employer.

Signature

Print Name

Date: ___/___/___

AUTHORIZATION FOR RELEASE OF INFORMATION

In order to adequately screen applicants for positions of public trust, the City of Swartz Creek requires access to information that is considered confidential under state and federal law. The City uses this information to determine an applicant's suitability to serve in positions that have access to private information on individuals, have fiduciary responsibilities, involve public safety, and/or have access to the private property of citizens.

By completing and providing the form to the City, you are authorizing the release of all information, confidential or otherwise, maintained on you by any and all persons, institutions, agencies and businesses, to the City of Swartz Creek.

To be considered for employment with the City all applicants are required to complete and return this form with their application for employment.

SWORN STATEMENT

I am an applicant for employment with the City of Swartz Creek. To determine my fitness and eligibility for employment, I do hereby authorize the full disclosure of any and all records and information maintained on me pertaining to, but not limited to: my education, financial and credit history and status, medical and psychiatric history and condition, military service, employment, efficiency ratings, as well as complaints and grievances filed by or against me. I also authorize the release of any and all recollections of Attorneys at Law, or of other counsel, whether representing me or another persons in any civil or criminal case in which I have been involved, either directly or indirectly.

I understand that any information obtained by the City of Swartz Creek, or that is obtained directly or indirectly, in whole or in part, from this release authorization will be used to determine my suitability for employment by the City. I hereby discharge and release any and all persons, businesses, organizations, institutions, schools, financial institutions, medical facilities and governmental agencies from, confidential or otherwise any and all civil liability that may be incurred as a result of furnishing or providing this information to the City of Swartz Creek.

A photocopy of electronic reproduction of this release form will be as valid as an original thereof; even though said reproduction does not contain an original writing of my signature.

Signature of Applicant

Date: ___/___/___

Print Name of Applicant

Date of Birth: ___/___/___

Signature Witness

Date: ___/___/___

Printed Name of Witness