



CITY OF IONIA
APPLICATION FOR EMPLOYMENT
(Please Print)

Position Applied For:

Date of Application:

| | | | |
|----------------------------------|------------|-------------|----------|
| Last Name | First Name | Middle Name | |
| Street Address (H) (C) | City | State | Zip Code |
| Telephone Numbers(s) | | Email | |

Have you ever filed an application with us before? _____ If yes, give date _____

Are you prevented from lawfully becoming employed in the country because of Visa or Immigration status? Yes No Proof of citizenship or immigration status will be required upon employment.

Have you been previously employed here? Yes No If yes, give dates _____

List any friends or relatives working here: _____

Are you currently employed? Yes No

On what date would you be available for work? _____

Are you available to work Full time Part Time Temporary/Seasonal

Are you currently on "lay-off" status and subject to recall? Yes No

Have you ever been convicted of a felony? Yes No

If Yes, please explain:

Do you have any felony charges pending against you? Yes No

If Yes, please explain _____

Have you ever served in active U.S. Military service more than 180 days? Yes No

Branch _____ Duties: _____

Did you receive an honorable discharge or a general discharge under honorable conditions?

Yes No If no, please explain: _____

EDUCATION:

| Type of School | Name & Address | Course of Study | Years Completed | Diploma/Degree |
|-----------------|----------------|-----------------|-----------------|----------------|
| High School | | | | |
| College | | | | |
| Other (Specify) | | | | |

EMPLOYMENT EXPERIENCE:

Start with your present or most job. Include any job-related military service assignments and volunteer activities. All sections **MUST** be completed on this form. Stating “refer to resume” or the like will be treated as a non-response and may disqualify you from further consideration.

Employer _____ Dates Employed From/To _____ Work Performed _____

Address _____

Telephone Number(s) _____ Hourly Rate/Salary _____ Starting/Final _____

Job Title _____ Supervisor _____

Reason for Leaving _____

EMPLOYMENT EXPERIENCE (continued):

| | | |
|----------|------------------------|----------------|
| Employer | Dates Employed From/To | Work Performed |
|----------|------------------------|----------------|

Address

| | | |
|---------------------|--------------------|----------------|
| Telephone Number(s) | Hourly Rate/Salary | Starting/Final |
|---------------------|--------------------|----------------|

| | |
|-----------|------------|
| Job Title | Supervisor |
|-----------|------------|

Reason for Leaving

| | | |
|----------|------------------------|----------------|
| Employer | Dates Employed From/To | Work Performed |
|----------|------------------------|----------------|

Address

| | | |
|---------------------|--------------------|----------------|
| Telephone Number(s) | Hourly Rate/Salary | Starting/Final |
|---------------------|--------------------|----------------|

| | |
|-----------|------------|
| Job Title | Supervisor |
|-----------|------------|

Reason for Leaving

Have you ever been suspended or discharged from employment? Yes No

If yes, please explain: _____

THE CITY OF IONIA IS AN EQUAL OPPORTUNITY EMPLOYER.

ADDITIONAL INFORMATION:

State any additional information you feel may be helpful in considering your application.

REFERENCES: (Work-related, not people to whom you are related)

| | |
|------|-----------|
| Name | Telephone |
|------|-----------|

Address

Email Address

| | |
|------|-----------|
| Name | Telephone |
|------|-----------|

Address

Email Address

| | |
|------|-----------|
| Name | Telephone |
|------|-----------|

Address

Email Address

APPLICANT'S CERTIFICATION AND AGREEMENT:

1. Certification of Truthfulness. I certify that all statements on this Application for Employment are made truthfully and without evasion, and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being employed or if employed will result in my dismissal.
2. Authorization for Employment / Educational Information. I authorize the references listed in the Application for Employment, and any prior employer, educational institution, or any other persons or organizations to give the City of Ionia any and all information, or any other pertinent information, they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing any lawful information to the City of Ionia. I hereby waive written notice that employment information is being provided by any person or organization.
3. Employment at Will. If I am hired, in consideration of my employment, I agree to abide by the rules and policies of the City of Ionia, including any change made from time to time, and agree that, subject to the provisions of any written agreement to the contrary, my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the City or myself. I understand that no manager or other representative of the City, other than the City Manager, has any authority to enter into any agreement for employment for any specific or indefinite period of time, or to make any agreement contrary to the foregoing. Any such agreement made by the City Manager must be made in writing to be effective.
4. Authorization to Work. If I am selected for hire, I will be offered employment provided I verify that I am authorized to work as required by the Immigration Reform and Control Act of 1986.
5. Need for Accommodation. If I am a person with a disability who requires an accommodation to perform the job, I must notify the City of that need within 182 days after I knew or reasonably should have known that an accommodation was needed. Failure to do so will bar me under state but not federal law from alleging that the City has not accommodated me as required by law.
6. Criminal Records Check. I agree to execute an authorization for the City of Ionia to secure criminal conviction history from the appropriate law enforcement agency should the City determine it is necessary to do so.
7. Physical Exam and Drug and Alcohol Testing. I agree that if a job offer is made to me I will, before commencing employment, take a physical exam and authorize the City of Ionia or its designated agent(s) to withdraw specimen(s) of my blood, urine or hair for chemical analysis. One purpose of this analysis is to determine or exclude the presence of alcohol, drugs or other substances. I understand that decisions concerning my employment will be made as a result of this test. I further authorize any physician or entity conducting such testing to release the results of such testing to the City of Ionia.
8. Psychological / Physical Testing. If offered employment, I agree to submit to any psychological or physical testing which may be necessary to determine my ability to perform the job for which I am being considered. I further authorize any physician or entity conducting such medical examination to release the results of such examination to the City of Ionia.
9. Driving Record Check. If applying for a position that requires driving a motor vehicle, I authorize the City and its agents the authority to make investigations and inquiries of my driving record, including obtaining a copy of my Motor Vehicle Record.
10. Fringe Benefits. In accepting employment with the City of Ionia, I agree to accept all fringe benefits when eligible as provided now or in the future. I understand that it is my responsibility to provide documentation for verification of eligibility for fringe benefits as well as information regarding mailing

address, telephone numbers or contact arrangements, withholding exemptions and dependent information. The City shall rely on the most recent information for all purposes.

11. Consideration of Employment. I understand that my Application will be considered pursuant to the City of Ionia's normal procedures for a period OF SIXTY (60) DAYS. IF I AM STILL INTERESTED IN EMPLOYMENT THEREAFTER, I MUST REAPPLY.

12. Limitation of Action. I agree that I shall not commence any action or other legal proceeding related to my employment or the termination thereof more than six (6) months after the event complained of, and I voluntarily waive any statute of limitations which is longer to the contrary.

I HAVE READ AND UNDERSTAND ITEMS #1 THROUGH #12 ABOVE, AS ACKNOWLEDGED BY MY SIGNATURE BELOW. I FURTHER CERTIFY THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Date

Signature