



601 Avenue A * Springfield, MI 49037 * ph (269) 965-2354 * fax (269) 965-0114

Employment Application

Applicant Information:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	State	Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Cell Phone	Business Phone

May we contact you during the day? Yes No

Employment Information:

Department Desired: Management Public Safety
 Public Works Finance/Admin

Are you interested in: Fulltime Employment Part-Time Employment
 Temporary Employment Un-Paid Employment

Anticipated Salary: \$ /hr or yr Date Available

Referral Source Self Advertisement Other:

Have you ever been employed by the City of Springfield? Yes No

If Yes, Please List Dates of employment and supervisor:

Any family members Currently employed by the City of Springfield? Yes No

If Yes, Please List them:

History:

Have you ever been convicted of a crime? Yes No

If **Yes**, Please Explain:

Are you a citizen of the United States? Yes No

If **no**, are you legally eligible to work in the United States? Yes No

Military Service? Yes No Discharge Type: _____

Do you have a valid Driver's License? Yes No

If Yes, please list number and State: State:

Do you have any commercial endorsements? Yes No

Educational Background

	Name/Location of Institution	Current Status	Major Area of Study	Type of Degree and Date Earned
High School		<input type="checkbox"/> Graduated <input type="checkbox"/> Still Attending <input type="checkbox"/> Did Not Finish		
Undergraduate College		<input type="checkbox"/> Graduated <input type="checkbox"/> Still Attending <input type="checkbox"/> Did Not Finish		
Graduate College		<input type="checkbox"/> Graduated <input type="checkbox"/> Still Attending <input type="checkbox"/> Did Not Finish		
Business/Trade School		<input type="checkbox"/> Graduated <input type="checkbox"/> Still Attending <input type="checkbox"/> Did Not Finish		
Other		<input type="checkbox"/> Graduated <input type="checkbox"/> Still Attending <input type="checkbox"/> Did Not Finish		

Do you possess any special certifications (technical, first aid, public safety, etc.)? Yes No

If Yes, please list:

Transcripts of Collegiate work must be attached to complete this application (unofficial transcripts are accepted)

Work History (list most-recent first)

Dates From		Organization Name/Address: _____ Position Title: _____ Reason for Leaving: _____ Beg. Salary: _____ End Salary: _____ Supervisor Name: _____ Title: _____ Phone: _____ Duties Performed: _____
Month	Year	
Dates To		
Month	Year	

Dates From		Organization Name/Address: _____ Position Title: _____ Reason for Leaving: _____ Beg. Salary: _____ End Salary: _____ Supervisor Name: _____ Title: _____ Phone: _____ Duties Performed: _____
Month	Year	
Dates To		
Month	Year	

Dates From		Organization Name/Address: _____ Position Title: _____ Reason for Leaving: _____ Beg. Salary: _____ End Salary: _____ Supervisor Name: _____ Title: _____ Phone: _____ Duties Performed: _____
Month	Year	
Dates To		
Month	Year	

References:

List names and contact information for three professional references.

Name	Position	Phone	Address

Please list any other considerations that you would like the City of Springfield to note in consideration of you for employment:

By signing this application, I hereby represent that the facts set forth in my application for employment are true and complete. I understand that if I am employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the City of Springfield in any way if the City decides to employ me. I understand and agree that any employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than the City Manager or the City Commission has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in written form signed the City Manager.

In making this application for employment, I authorize the City of Springfield to conduct a background investigation whereby information regarding my character, general reputation, personal characteristics, mode of living, driving record, credit history, education, and employment history is obtained.

Further, I authorize the City to contact the employers listed in my application and to conduct personal interviews with my neighbors, friends and others with whom I am acquainted. I understand that I have the right to make a written request within a reasonable period of time to receive detailed information regarding the nature and scope of any such investigative report that is made. I further understand that if I am considered favorably for employment, I may be required to undergo, at the City's expense, a psychological exam and a medical examination that will include drug screening. I acknowledge receipt of a copy of the above statement concerning the investigative consumer reports and hereby authorize all former employers and educational institutions which I have attended or named in my application to release to the City of Springfield, my records, reason for leaving, performance and disciplinary information. In doing so, I release the City of Springfield from any and all liability for damages of whatever kind.

Signature of Applicant

Date

Printed Name of Applicant