



CITY OF GRAND BLANC GBCFD

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Do you have a valid Driver's License? YES NO DL Number _____

It will be necessary for any person required to drive a city vehicle, to provide a valid driver's license upon employment.

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

Applicant's Statement:

Michigan Law prohibits discrimination in employment based on disability/handicap. Beginning June 25, 1990, a person with a disability needing accommodation for employment, must notify the employer, in writing, within 182 days after the need is known. Failure to properly notify the City will preclude any claim that the Employer failed to accommodate the person with a disability.

I understand that if an offer of employment is made, a medical examination and drug screening will be required before I begin my employment duties. I further understand and agree that any offer of employment will be conditioned upon the results of the required medical examination and drug screening.

I affirm that all of the information contained in this application, and in other documents submitted in connection with my application for employment is true and complete. I understand that any falsification, misrepresentation or omission in connection with my application for employment, whether on this document or not, may result in immediate dismissal from or refusal of employment. I authorize the City of Grand Blanc to investigate all statements contained in this application, and other documents submitted for inspection, including records of any former employers, doctors, hospitals, police departments and other such services concerning me, and for any damage incurred in giving it. I waive any written notice of the release of such records, as may be required by any state or federal law.

I agree to conform to the rules and regulations of the City of Grand Blanc. I understand that no employee of the City of Grand Blanc has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to this, with the exception of the City Manager of the City of Grand Blanc.

Finally, I agree that any action against the City, arising out of my employment, or termination of employment, including but not limited to claims arising under State or Federal Civil Rights Statutes, must be brought within one year of the event giving rise to the claims, or be forever barred. I waive any limitation periods to the contrary.

Signature: _____ Date: _____