

City of Gladstone  
AN EQUAL OPPORTUNITY EMPLOYER

SEASONAL/ TEMPORARY EMPLOYMENT

NAME: \_\_\_\_\_ POSITION APPLIED FOR \_\_\_\_\_  
LAST: FIRST:

AGE IF UNDER 16 \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL PHONE: ( ) \_\_\_\_\_

DRIVER'S LICENSE: \_\_\_ YES, \_\_\_ NO, IF YES #: \_\_\_\_\_  
LICENSE NUMBER

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HAVE YOU EVER WORKED FOR THE CITY OF GLADSTONE? \_\_\_ YES, \_\_\_ NO

IF SO WHAT DEPARTMENT: \_\_\_\_\_

ENMERGENCY CONTACT INFORMATION: PHONE: \_\_\_\_\_

LAST: FIRST : ADDRESS:

WHAT IS YOUR LAST DAY OF AVAILABILITY? \_\_\_\_\_

EDUCATION:

LAST GRADE COMPLETED: \_\_\_\_\_ YEAR OF ATTENDANCE: \_\_\_\_\_

DID YOU GRADUATE? \_\_\_ YES, \_\_\_ NO HIGHER/ CONTINUED EDUCATION: \_\_\_\_\_

OTHER LICENSES WITH EXPIRATION DATES AND NUMBER (I.E. LIFEGUARDING, FIRSAID, EMT, CPR)

\_\_\_\_\_  
\_\_\_\_\_

EXPERIENCE

EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

DATES EMPLOYED \_\_\_\_\_ TO \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

IMMEDIATE SUPERVISOR \_\_\_\_\_ JOB TITLE \_\_\_\_\_

WORK PERFORMED \_\_\_\_\_

REFERENCES (PLEASE NAME TWO):

NAME: BUSINESS: ADDRESS: PHONE:

BY SIGNING BELOW, I CERTIFY THAT THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

SIGNATURE: \_\_\_\_\_

DATE \_\_\_\_\_

ADMINISTRATION USE ONLY:

DATE CONTACTED \_\_\_\_\_ DATE RECIEVED \_\_\_\_\_

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_



# Gladstone PUBLIC SAFETY

"Protecting and Serving Our Year Round Playground"



144 4th Avenue NE • Gladstone, MI 49837 • 906-428-3131 • Fax 906-428-1730

## Background Investigation Authorization

I hereby authorize the City of Gladstone Public Safety Department and/or their designee to conduct a background investigation pertaining to my application for employment with the City of Gladstone. I fully acknowledge that this investigation may result in sensitive information being released and may affect my application process. I release from all liability the City of Gladstone, its officials and employees, and any employer, educational institution, credit reporting agency/bureau and other providers of information about me in any and all respects relating to or arising from the City's investigation.

Unless revoked earlier by me, this release shall continue to be effective during my request for employment with the city, during any employment which I may have with the City and, in the case of seasonal employment, for any subsequent consideration of rehiring me. I understand that I may revoke this waiver and authorization at any time.

This release is executed with the full knowledge and understanding that the information is for the official use of the City of Gladstone and will in no way be circulated in hard copy form or verbally. All hard copy materials will be destroyed via paper shredder

Department Requesting Information: \_\_\_\_\_

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print – First Name/Middle Name/Last Name

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
Driver's License Number / State

\_\_\_\_\_  
Social Security Number

### Public Safety Department Use Only

\_\_\_\_\_  
Date Recv'd from  
Dept. Head

\_\_\_\_\_  
Date Records  
Checks Completed

\_\_\_\_\_  
Date Returned to  
Dept. Head

\_\_\_\_\_  
Initials of individual  
running check

- Status of Background Check:
- No records to report
  - Contact Public Safety Department

equal opportunity employer

