

EMPLOYMENT APPLICATION

CITY OF GLADSTONE

Gladstone, MI 49837
(906) 428-2311 FAX (906) 428-3122

The CITY OF GLADSTONE is a **DRUG FREE WORKPLACE** and **SEXUAL HARASSMENT FREE WORKPLACE**. The policy of the City of Gladstone is to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, gender, religion, national origin, disability, or other protected classification.

Name:	Date:
Position Sought:	Position Closing Date:
Street Address:	P.O. Box:
City:	State and Zip Code
Home Phone: Work Phone:	Message Phone: E-Mail Address:

Previous Addresses During the Last Five (5) Years:

Address:	City:	State and Zip:	Dates:
Address:	City:	State and Zip:	Dates:
Address:	City:	State and Zip:	Dates:
Address:	City:	State and Zip:	Dates:
Address:	City:	State and Zip:	Dates:

Have you been told about the essential job functions or have you been shown a copy of the job description listing the essential job functions? ☐ Yes, ☐ No

Can you perform the essential job functions or the tasks listed on the job description with or without reasonable accommodation? (Do not answer if you have not read the job description or were not told about the essential job functions.) . ☐ Yes, ☐ No

If you have indicated that you can perform the task with an accommodation, then how would you perform the task and with what accommodation(s)? Specify: _____

Are you 18 years of age or older? ☐ Yes, ☐ No Are you 21 years of age or older? ☐ Yes, ☐ No

Are you or have you ever been employed by the City of Gladstone? ☐ Yes, ☐ No

Are there any hours, shifts, or days that you cannot or will not work? ☐ Yes, ☐ No Specify: _____

Are you willing to work overtime if required? ☐ Yes, ☐ No

If offered a position with the City of Gladstone, what is the earliest date you can begin employment? _____

If offered employment, can you provide proof of eligibility to be employed in the United States? ☐ Yes, ☐ No

A "YES" answer to the following two questions will not necessarily result in denial of employment. The employer will consider all the circumstances, including the date and nature of events which have led to the actions described below. Your written explanation will assist the employer in determining your eligibility, qualifications and suitability for employment.

During the last ten years have you ever been convicted of, admitted committing, or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)? You must answer "YES" even if the matter was later dismissed, deferred, vacated or expunged. If you answer "YES," you must provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you, and the final disposition of the case(s). ☐ Yes, ☐ No. If "YES," please explain. Attach additional sheets if necessary.

Have you ever been dismissed (fired) from any job, or resigned at the request of your employer, or resigned while informed that you would be dismissed, or an investigation of your behavior was pending? You must answer "YES" even if the matter was later resolved with any form of settlement or severance agreement regardless of its terms. If you answer "YES," you must provide the date of termination of employment, the name, address and telephone number of the employer(s) and a statement of the alleged reasons for termination. ☐ Yes, ☐ No. If "YES," please explain. Attach additional sheets if necessary.

Work History: Start with your present or most recent employer and include as many employers as the form allows. May we contact your present employer? ☐ Yes ☐ No

Most Recent Employer:	Address:	Telephone:
Date Started: Starting Salary: \$ per	Starting Position:	
Date Left: Leaving Salary: \$ per	Position on Leaving:	
Name and Title of Supervisor:		
Description of Duties:	Reason for Leaving:	

Previous Employer:	Address:	Telephone:
Date Started: Starting Salary: \$ per	Starting Position:	
Date Left: Leaving Salary: \$ per	Position on Leaving:	
Name and Title of Supervisor:		
Description of Duties:	Reason for Leaving:	

Previous Employer:	Address:	Telephone:
Date Started: Starting Salary: \$ per	Starting Position:	
Date Left: Leaving Salary: \$ per	Position on Leaving:	
Name and Title of Supervisor:		
Description of Duties:	Reason for Leaving:	

Previous Employer:	Address:	Telephone:
Date Started: Starting Salary: \$ per	Starting Position:	
Date Left: Leaving Salary: \$ per	Position on Leaving:	
Name and Title of Supervisor:		
Description of Duties:	Reason for Leaving:	

Education	Name & Location of School	Year Graduated	Major	Diploma/Degree
High School				
College/University				
College/University				
Other Training/Education:				
List any equipment that you can operate or any special skills that you possess.				
Licenses or Certifications:				
Typing Speed:				

References: List three (3) people not related to you who have known you for at least one (1) year.

Name	Phone	Position and Business	Years Acquainted
1.			
2.			
3.			

**Applicant's Certification and Agreement
(Please read carefully before signing)**

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the City of Gladstone to make an investigation of any of the facts set forth in this application.

Unless indicated otherwise, I hereby authorize the City of Gladstone to investigate my background, references, employment record and other matters related to my suitability for employment. This may include a criminal background check and a check on my driving record. I also authorize my former employers or any third party to disclose to the City of Gladstone all reports and other information related to my suitability for employment, personal or otherwise, without giving me prior notice of such disclosure. I hereby release the City of Gladstone, former employers, and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I also realize, if offered a position with the City of Gladstone, my actual employment will be contingent on completion of certain verifications depending on the position for which I have applied in the organization. These may include a physical examination, physical ability test, drug screening, credit check, and polygraph testing. The actual items required will depend on the position involved.

I understand that this application is not and is not intended to be a contract of employment.

This application for employment shall be considered active for a period of time not to exceed 365 days.

Signature: _____ Date: _____

City of Gladstone
Equal Opportunity/Affirmative Action Employment Survey
(12/18/91)

Voluntary Survey Form for Government Employment Monitoring Purposes

Applicants for employment are treated without regard to race, religion, sex, national origin, age, veteran status, medical condition or disability, or any other legally protected status.

The information requested below is needed to measure and document the effectiveness of our recruitment efforts and is in conformity with federal government guidelines which require us to complete statistical information about applicants for employment. You are not required to furnish this information, but you are encouraged to do so. Your cooperation is voluntary. Whether you choose to participate or not will have no effect on your consideration for employment.

This voluntary information is then separated from your employment application and is kept in a confidential file for statistical use only.

Date:	Position Applied For:
Printed Name:	Signature:
Veteran: <input type="checkbox"/> Yes, <input type="checkbox"/> No.	Disabled Veteran: <input type="checkbox"/> Yes, <input type="checkbox"/> No.
Disabled Individual: <input type="checkbox"/> Yes <input type="checkbox"/> No. (A disabled individual is any person who has a physical or mental impairment substantially limiting one or more of his/her major life activities.)	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Ethnic Origin: Check one of the following: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other	



GLADSTONE PUBLIC SAFETY

Protecting and Serving Our Year Round Playground

144 4th Avenue NE • Gladstone, MI • 906-428-3131 • Fax: 906-428-1730 • Ronald Robinson, Director

Background Investigation Authorization

I hereby authorize the City of Gladstone Public Safety 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 me 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 hiring me. I understand 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 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: _____

Applicant's Signature

Date

Applicant's Printed Name- / First / Middle / Last

Date of Birth

Driver's License Number / Issuing State

Social Security Number

PUBLIC SAFETY DEPARTMENT USE ONLY BELOW

Date Recv'd from Dept Head

Date Records Check Completed

Date Returned to Dept head

Initials of person running check

____ No Records to Report

Status of Background Check:

____ Contact Public Safety Department

Equal Opportunity Employer