



THREE RIVERS MICHIGAN

An Equal Opportunity Employer/Drug-Free Work Environment

EMPLOYMENT APPLICATION

(Please Print or Type)

All sections must be fully completed in order to qualify for employment consideration.

Position Applied For: _____ Application Date: _____

PERSONAL INFORMATION

Name: _____
Last First Middle Social Security Number

Other names you have worked under: _____

Address: _____
Number Street City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Best time to call: _____ AM PM Are you 18 years or older? YES NO

Citizenship Status: U.S. Permanent Resident Alien Other
(Proof of Citizenship or Immigrataion status required prior to employment)

Are you legally eligible for employment in this Country? YES NO

EMPLOYMENT INFORMATION

Employment Type: Part Time Full Time Seasonal Other

Preferred Hours: FROM _____ AM PM TO _____ AM PM

Overtime Availability: Weekday Saturday Sunday Anytime

Date Available: _____ Wage Requirement: _____

Travel Acceptable: YES NO

Referral Source: (Check One) City Website Walk In Employee Referral
 School Ad MI Works Other _____

EDUCATION

High School	Yrs. Completed	Graduated	GPA	Degree/Major
College/University	Yrs. Completed	Graduated	GPA	Degree/Major
Advanced Degree	Yrs. Completed	Graduated	GPA	Degree/Major
Vocational/Other	Yrs. Completed	Graduated	GPA	Degree/Major

MILITARY SERVICE

Veteran of U.S. Military Service? YES NO Branch: _____

Duty Dates: From: _____ To: _____ Rank at Discharge: _____

Type of Discharge: _____ Member of National Guard/Reserves? YES NO

EMPLOYMENT HISTORY (List present and former beginning with most recent)

<i>Employer</i>		<i>Summarize the type of work performed and job responsibilities</i>
<i>Telephone Number</i>	<i>Dates Employed</i>	
<i>Address</i>	<i>Starting Hourly Rate/Salary</i>	
<i>Job Title</i>	<i>Final Hourly Rate/Salary</i>	
<i>Immediate Supervisor and Title</i>		
<i>Reason for Leaving</i>		
<i>May We Contact for Reference</i>		

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<i>Reason for Leaving</i>		
<i>May We Contact for Reference</i>		

SPECIAL SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses, or certificates you possess:

List computer background/knowledge/program efficiency:

Other machines or tools operated:

MISCELLANEOUS

Have you ever applied for a position with the City of Three Rivers? YES NO

For what position: _____

Have you ever worked for the City of Three Rivers? YES NO

When/What position: _____

Please list any relatives/friends working for the City of Three Rivers.

Have you been convicted of a crime? YES NO If "yes", date/place/charge/details:

Do you use/possess/sell illegal drugs or controlled substances? YES NO If "yes", please explain:

Do you smoke or use any type of tobacco products? YES NO

Are you able to perform the essential job function of the position you are applying for? YES NO

Do you require any special accommodation in order to take a pre-employment test? YES NO If "yes" explain:

Have you ever been terminated or asked to resign from a job? YES NO If "yes" explain:

Have you ever been disciplined, suspended, reassigned or terminated for any of the following?

Poor Performance	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Fighting/Assault/Violence	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Use of Drugs/Alcohol	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Violation of Safety Rules	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Absence/Tardiness	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Violation of Rules/Policies/Procedures	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Theft	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Other Reasons	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If "yes" provide details.

Have you ever been bonded? YES NO If "yes", on what jobs?

Why do you want to work for the City of Three Rivers? _____

References (Business/Work Related Only)

Name	Phone Number	Years Known	Relationship

APPLICANT CERTIFICATION

I certify that the information I've provided in this Employment Application and any accompanying information is true and complete. I realize that falsification, misinterpretation or omission will disqualify me from employment consideration or may result in my discharge. I affirm that I have a genuine interest in employment with the City of Three Rivers, and no other purpose in applying for a job. I further understand that any negative information discovered may prevent my being hired, or if hired, may subject me to immediate discharge. I also understand that completion and submission of this application does not imply or guarantee any employment consideration, or offer thereof, or employment with the City of Three Rivers. I understand that this Application is not a contract of or for employment and that all employment with the City of Three Rivers is strictly on an at-will basis. I also understand that if I am employed in a position represented by a collective bargaining agent (Union) that the terms and conditions of my employment will be governed by the labor contract between the City of Three Rivers and the Union and that any variance between my Application and a labor contract will be resolved by the labor contract.

I authorize the City of Three Rivers to investigate or have an investigative agency, investigate all statements contained in this Application and or accompanying documents submitted pertaining to my personal history, education, criminal conviction record, financial/credit record, general reputation, character, conduct and work quality. I also authorize my current and/or previous employers, references, credit reporting agencies/bureaus, educational institutions, and any other person(s), institutions or agencies contacted by the City of Three Rivers to provide all records and information as requested by the City of Three Rivers either prior to, during or after my employment, and I release all parties, including the City of Three Rivers, from any and all liabilities arising from such disclosures. I understand that references will be checked and will influence any hiring decision. I also authorize any requested federal, state and local government agencies to release to the City of Three Rivers any information requested concerning my driving records.

In consideration for, and if offered conditional employment, I agree to submit to physical examinations and testing permitted by law before and during my employment by a health care professional, at the request and expense of the City of Three Rivers and to have all results released to the City of Three Rivers. I further understand and agree to submit to such testing during the course of my employment as required by business necessity or for job related purpose and, for employees in a collective bargaining unit, to the extent provided by a labor contract, if applicable. I agree to completely disclose all information lawfully requested at such examinations and time of testing about my physical and mental condition and medical history. I also agree that before and during my employment, at the request and expense of the City, I will cooperate in such lawful medical tests (including blood, urine or other testing) as the City requests to check for drugs, alcohol in my system, or for any other condition.

I waive, release and promise not to make any claims against the City of Three Rivers or any testing agency retained by it, or their employees, directors, owners and agents relating to any such testing, or from lawful decisions made regarding my employment or termination of employment based upon the result of such testing or analysis, unless otherwise provided by a labor contract covering my employment. I realize that my employment is contingent upon satisfactory receipt of any examinations or tests completed and that failure will result in revocation or any employment offer, or if employed, termination of my employment.

In consideration of my employment, I agree to conform and abide by the rules, regulations, policies, procedures and governing documents of the City of Three Rivers. I understand that my employment, benefits and compensation can be terminated with or without cause and with or without notice, at anytime, at the option of either the City of myself. I understand that no employee, representative or agent of the City of Three Rivers has the authority to enter into any oral or written agreement for employment for any period of time or make any agreement contrary to the foregoing. I understand that if my employment is governed by a labor contract, the labor contract shall control these matters. I understand that this document and employment interviews, or any offer of employment with the City of Three Rivers, is strictly on an at-will basis, and that this at-will employment relationship can only be changed in writing by the City Manager.

I agree that if I am employed by the City in a non-union position: 1) my conditional letter of employment will stipulate terms of employment, 2) I will receive wages and benefits and be subject to rules and regulations and such wages, benefits, rules and regulations are subject to change by the City at any time with or without notice to me, 3) my assigned work hours may be modified by the City, and if requested, I will be required to work overtime, 4) I agree that any lawsuit against the City of Three Rivers, its agents, officials and employees, arising out of my employment or termination of employment, including but not limited to federal or state civil rights claims, must be filed within nine (9) months of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I also acknowledge that if I am employed in a collective bargaining unit, the labor contract shall control my compensation, benefits and work hours.

I agree that this constitutes the entire agreement between the City and me and that any and all prior agreements are null and void and that nothing in any documents published by the City, either before or after this agreement, shall in any way modify the above terms. I further agree that this agreement cannot be modified by any oral or written representations made by anyone employed by the City, either before or after this agreement, except in a written document directed exclusively to me which specifically refers to this agreement and is signed by the City Manager or his designees and me. I agree that if I am employed in a collective bargaining unit, the labor contract shall supersede any contrary provisions contained in my employment application.

I voluntarily agree to the above terms of employment and further agree that if any of these terms is ever found to be legally unenforceable as written, such invalidity shall not affect the validity of the remaining terms, and such terms shall be limited to allow its enforcement as far as legally possible. I certify that I am willing to have a photocopy or facsimile of this authorization accepted with the same authority as the original.

Applicant Signature _____ Date _____

Note: Your Employment Application will be given active consideration for one calendar year. After that period of time you must reapply to be considered for employment. Original Applications must be submitted to:

Administrative Services Director
City of Three Rivers
333 W. Michigan Avenue
Three Rivers, MI 49093

AUTHORITY FOR RELEASE OF INFORMATION

To Whom It May Concern:

I hereby authorize the City of Three Rivers, Michigan, its City Manager, or his designee bearing this release, or a copy thereof, within one year of its date, to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the City of Three Rivers and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind of nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name: _____

Current Address: _____

Driver's Lic. No.: _____ Social Security No.: _____

Date of Birth: _____ Telephone No.: _____

Signature (Full Name): _____ Date: _____

PRIVACY ACT NOTICE

Authority for Collecting Information: E.O. 10450; E.O. 12065; 22 USC 911.

Purpose and Uses: Information provided on this form will be furnished to individuals in order to obtain information regarding your activities in connection with an investigation to determine (1) fitness for municipal employment, (2) clearance to perform contractual service for the municipal government, (3) security clearance or access. The information obtained may be furnished to third parties as necessary in the fulfillment of official responsibilities.

Effect of Nondisclosures: Furnishing the requested information is voluntary, but failure to provide all or part of the information may result in a lack of further consideration for employment, clearance or access, or in the termination of your employment.

City of Three Rivers Employment Agreement

I authorize my current and former employers to provide any information regarding my employment. I hereby release them and their company from all damage whatsoever for issuing same.

I hereby certify that the statements contained in this application with the City of Three Rivers are complete, true, and correct. I further understand that any falsification, misrepresentation, and omission of any information are considered to be adequate reason for rejection of my application for employment, and dismissal from employment, regardless of the time elapsed before discovery.

I agree and understand that any employment offer is conditional upon the results of the pre-employment medical examination if said employment is in a job classification for which the City regularly sends applicants for a medical examination.

I understand and agree that pursuant to the Michigan Handicappers' Act, failure on my part to properly notify the City in writing of a need for accommodation of a disability with 182 days of the date I know or reasonably should have known that an accommodation was needed, will preclude any claim under the Michigan Handicappers' Act that the City failed to accommodate me.

Additionally, I agree that any lawsuit 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.

Applicant's Signature

Date

*NOTE: This application is only active for 12 months. Original must be mailed to:

Administrative Services Director
City of Three Rivers
333 West Michigan Avenue
Three Rivers, MI 49093

Application will not be considered without original signature page.

EOE/AA/M/F/H

CITY OF THREE RIVERS
EQUAL HOUSING OPPORTUNITY
EQUAL OPPORTUNITY EMPLOYER



VOLUNTARY EEO QUESTIONNAIRE

The City of Three Rivers is committed to equal opportunity employment for all qualified individuals in all job classifications in recruitment, selection, promotion and other employment related matters. Completion of this form will assist us in complying with federal regulations and other applicable legal requirements. Submission of this information is voluntary and is not considered in employment decisions. This form will be kept separate from the employment application, and is considered confidential.

Name: (First, Middle, Last)		Social Security Number
Gender:	Race/Ethnicity:	Disability or Veteran Status
<input type="checkbox"/> Male	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Individual with Disability
	<input type="checkbox"/> White	<input type="checkbox"/> Vietnam Era Veteran
<input type="checkbox"/> Female	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Other Protected Veteran
	<input type="checkbox"/> Native Hawaiian/Pacific Islander	
	<input type="checkbox"/> Asian	
	<input type="checkbox"/> American Indian/Alaska Native	
	<input type="checkbox"/> Two or More Races	

Signature	Date
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RACE/ETHNICITY CLASSIFICATIONS

Hispanic/Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black/African American: A person having origins in any of the Black racial groups of Africa.

Native Hawaiian/Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian/Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Two or More Races: All persons who identify with more than one of the above five races.

DISABILITY OR VETERAN STATUS QUALIFICATIONS

Individual With Disability: A person who generally, (i) has a physical or mental impairment that substantially limits one or more of his/her major life activities, (ii) has a record of such impairment, or (iii) is regarded as having such an impairment. An individual is "substantially limited" if he/she is unable to perform a major life activity that the average person in the general population can perform, or is significantly restricted as to the condition, manner or duration under which the average person can perform a particular major life activity as compared to the condition, manner or duration under which the average person could perform the same activity.

Vietnam Era Veteran: A person who (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, in the Republic of Vietnam between February 28, 1961 and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge, or (ii) served on active duty in the U.S. military, ground, naval, or air service for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was discharged or released therefrom with other than a dishonorable discharge, or (iii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active was performed in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or in another place between August 5, 1964 and May 7, 1975.

Other Protected Veteran: Any other veteran who served on active duty in the U.S. military, ground, naval, or air active service during a war or in a campaign or expedition for which a campaign badge has been authorized, other than disabled veterans or veterans of the Vietnam era.