



CITY OF MUSKEGON HEIGHTS, MICHIGAN
APPLICATION FOR EMPLOYMENT

INSTRUCTIONS:

1. Complete this application by typing or printing in ink. An application tailored to the position is to your advantage. You must complete a separate application for **EACH POSITION IN WHICH YOU ARE INTERESTED**.
2. If a question does not apply to you, write "N/A"
3. The Application Form is reviewed separately from any other materials submitted and will be used to evaluate your qualifications for this position. Therefore, you must answer all questions rather than referring to your resume or other materials you may have submitted.
4. Read the Position Vacancy Announcement carefully to find:
 - a. What attachments must be submitted in order for your application to be considered;
 - b. Where to submit your application material;
 - c. The closing date for receipt of application material;
 - d. The required special qualifications or licenses.
5. You may attach additional sheets, if necessary. If you do so, however, make reference to the item number you are addressing.
6. The City makes reasonable accommodations for any known disability that may interfere with an applicant's ability to compete in the recruitment and selection process or an employee's ability to perform the essential duties of the job. For the City to consider any such accommodation, the applicant must make known any needed accommodation in advance of the exam date (if applicable).
7. **LATE, INCOMPLETE AND UNSIGNED** application material, including those which do not follow the instructions, will **NOT** be considered.
8. A complete pre-employment physical, including a drug/alcohol screen, is required.
9. A background investigation will be conducted.

1. APPLICANT IDENTIFICATION:

Name: (Last, first, middle initial): _____ Soc. Sec. #: _____

(Provide a copy)

Mailing Address: _____
Street City State Zip Code

Phone: _____
Home Work Email Address

2. EXACT TITLE OF POSITION APPLYING FOR:

- 3. READ THE POSITION VACANCY ANNOUNCEMENT BEFORE ANSWERING THE FOLLOWING QUESTION:** Can you perform the essential functions of this position, with or without reasonable accommodation? ☐ Yes ☐ No. If Yes, Explain.

4. DRIVER'S LICENSE: If required for this position:

Do you have a valid driver's License? ☐ Yes ☐ No. If Yes: State: _____

Commercial Driver's License? ☐ Yes ☐ No. If "Yes", specify:

Type: _____ Class: _____ Hazardous Materials: _____ Tank : _____ Airbrakes: _____

Other (specify): _____

Please provide a copy of your driver's license with driving record with this application.

5. EDUCATION:

- a. **Education:** Highest Grade Completed: _____

Did you receive a High School Diploma or Equivalent Certificate?

☐ Yes: _____
NAME OF SCHOOL AWARING DIPLOMA OR EQUIVALENCY CERTIFICATE CITY STATE

☐ No: _____
 NAME OF SCHOOL ATTENDED CITY STATE

b. Continuing Education

Post High School Education	Vocational/Technical School Or Other	Undergraduate College or University	Graduate Professional
School Name:			
City and State			
Check Box for Number of Years Completed	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Diploma/Degree Received			
Course of Study and/or Relevant Course Work			

6. OTHER TRAINING: List Other Schools or Training which help you qualify for this position:

Training Site/Provider Name Location (City State)	Dates Attended (From / To)	Did you Complete?	Course Title/Description	Total Hours

7. LICENSES/REGISTRATION, OR CERTIFICATES

Name of Licensing Agency Location (City/State)	Type of License	Endorsement/Restriction (If applicable)	Date Licensed	Date Expires (If applicable)

8. RELEVANT SKILLS: Please list all skills relevant to this position. If the space provided is not adequate, you may respond to this section by attaching a separate sheet of paper.

- Skills with office machines _____

- Skills with data entry equipment, personal computer (list programs): _____

3. Other tools/equipment: _____

9. **AVAILABILITY:**

- a. Date you are available to work: ____/____/____
- b. Will you accept: ☐ Full-Time ☐ Part-Time (30 hours or less per week).
- c. Are you available to work overtime if necessary? ☐ Yes ☐ No

10. **WORK EXPERIENCE. Instructions:** Beginning with today: 1) List every job held during the past three years or more; 2) List each promotion as a separate position; 3) Account for all gaps in employment. 4) You should also include any other experience (e.g., military or volunteer work) that you have which is relevant to the position for which you are applying. If the space provided is not adequate, you may respond to this section in the following: by using additional copies of page 3 of this application; use the "Additional Work History Sheet;" OR on a separate sheet of paper if all questions in the blocks are answered and the same format is followed. **This information must be completed even if a resume or other application materials are submitted. DO NOT ATTACH A RESUME IN LIEU of this form. LATE, INCOMPLETE and/or UNSIGNED application material, including those which do not follow the instructions, will NOT be considered.**

NOTICE TO APPLICANTS: All information you provide on this application is subject to verification. Previous employers will be contacted as references and for verification.

DO you want to be informed before we contact your present employer? ☐ Yes ☐ No.

Employer Name: _____ Dates Employed ____/____/____ To ____/____/____

Mailing Address: _____ Job Title: _____

City/State/Zip Code: _____ Supervisor: _____

☐ Full time ☐ Part-time ☐

Volunteer

Phone Number: _____ Avg Hrs/Wk: _____ (e.g. 40, 32, 25, 5, etc.)

Describe your duties (knowledge, skills, abilities required, employees supervised, and accomplishments):

Reason _____ for _____ Leaving: _____

Employer Name: _____ Dates Employed ____/____/____ To ____/____/____

Mailing Address: _____ Job Title: _____

City/State/Zip Code: _____ Supervisor: _____

☐ Full time ☐ Part-time ☐

Volunteer

Phone Number: _____ Avg Hrs/Wk: _____ (e.g. 40, 32, 25, 5, etc.)

Describe your duties (knowledge, skills, abilities required, employees supervised, and accomplishments):

Reason _____ for _____ Leaving: _____

Employer Name: _____ Dates Employed ____/____/____ To ____/____/____
Mailing Address: _____ Job Title: _____
City/State/Zip Code: _____ Supervisor: _____
☐ Full time ☐ Part-time ☐ Volunteer

Phone Number: _____ Avg Hrs/Wk: _____ (e.g. 40, 32, 25, 5, etc.)
Describe your duties (knowledge, skills, abilities required, employees supervised, and accomplishments):

Reason for Leaving: _____

11. HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH THE CITY OF MUSKEGON HEIGHTS? ☐ Yes ☐ No If "Yes":

Date(s) applied: _____ Position Applied for: _____

Were You Hired? ☐ Yes ☐ No If Yes, what department ? Supervisor: _____

12. IF RELATED TO ANYONE IN OUR EMPLOY, GIVE NAME, AND DEPARTMENT:

13. **PLEASE READ CAREFULLY: HAVE YOU BEEN CONVICTED UNDER ANY CRIMINAL LAW OR TRAFFIC REGULATION WITHIN THE PAST THREE YEARS?** (Include all except parking tickets) ☐ Yes ☐ No (An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.) If "Yes", give date, location and the disposition of each case. (Use additional sheets if necessary.)

REFERENCES

(Please include the best time to contact)

1. Professional Reference: _____ Telephone # _____
2. Professional Reference: _____ Telephone # _____
3. Personal Reference: _____ Telephone # _____

APPLICANT CERTIFICATION

LATE, INCOMPLETE and/or UNSIGNED APPLICATION material, including those which do not follow the instructions, will not be considered.

I hereby certify that all information on this application and all attached materials is true, correct, and complete to the best of my knowledge and contains no falsifications or misrepresentations. I am aware that falsifications or misrepresentations may disqualify me from consideration for employment or, if hired, may be grounds for termination at a later date.

Only submit what is requested on the Position Vacancy Announcement. If you attach additional material, please check all that apply.

- ☐ Resume ☐ Application Supplement ☐ Transcripts ☐ Copy of current driver's license
- ☐ DD-214 ☐ PHHS Certification ☐ Additional Work History Sheets, Number of Pages:
- ☐ Other (list) _____

Signature: _____ Date Signed: _____

Sign and submit as instructed. SIGNATURE MUST BE ORIGINAL.