



An Equal Employment Opportunity Employer

APPLICATION FOR EMPLOYMENT INSTRUCTIONS

Although this application may be given consideration, its receipt does not imply that there are open positions or that the applicant will be employed. The City of Cadillac reserves its right to withdraw any offer of employment at any time; similarly, the applicant has the right to withdraw this application at any time. This application will remain active for six months, or less if the position is filled sooner. Therefore, if not employed by the City of Cadillac you must complete another application to be further considered for employment.

If you wish to submit a resume, you may attach it to this application, but in addition, you must complete this application and answer all questions, even those which relate to information on your resume. Please be sure that all of your answers on this application are complete, correct, and truthful. You should understand that any omission of relevant information, any false or misleading statement, or any failure to disclose facts which, if known, might reflect unfavorably on this application, or otherwise, may result in dismissal even if you are employed. You will not be considered as a candidate for a job until we have received a fully completed and signed application from you. Attach additional signed and dated sheets if you need additional space to respond.

As required by law, the City of Cadillac does not discriminate in hiring or employment on the basis of race, color, religion, national origin, citizenship, disability, sex, pregnancy, age, height, weight, genetic information, veteran status, marital status or any other classifications protected by applicable law.

NAME AND CONTACT INFORMATION (please print clearly)

_____			Address _____		
(First)	(Middle)	(Last)	(Number)	(Street)	
_____			Apt/PO Box _____		
E-mail Address _____					
_____			_____		
Phone Number _____			(City)	(State)	(Zip)

EMPLOYMENT REQUEST

Specify position(s) for which you are applying (1) _____ (2) _____

Salary Requirements _____ per hours/per week/per annum (circle one) Kind of work sought? Full-time ___ Part-time ___

How did you learn of our position opening? _____

List everyone you know who works for us: _____

Are you able to do the essential functions of the job(s) for which you are applying? Yes No If no, please identify the applicable functions: _____

MILITARY SERVICE

Service in U.S. Armed Forces: Branch: _____ Dates of Service From _____ To _____

Were you honorably discharged? _____ Reserve Status _____

Describe any special training and duties: _____

EMPLOYMENT RECORD

(Please complete your employment history even if a resume is submitted. If you need more space, please continue on the space provided on page 5.)

Are you presently employed? Yes No May we contact your present employer to obtain a reference? Yes No

Starting with PRESENT or MOST RECENT, list all previous employers. Include self-employment, summer, and part-time jobs. Account for periods of unemployment of more than 30 consecutive days by listing "unemployed" under EMPLOYER and state beginning and ending dates.

Employer (Present or Most Recent)	Date Started	Starting Pay
Street City State	Date Left	Final Pay
Supervisor Dept. Telephone	Reason for Leaving	
Your Job and Responsibilities (Please be specific; describe in detail)		
Employer	Date Started	Starting Pay
Street City State	Date Left	Final Pay
Supervisor Dept. Telephone	Reason for Leaving	
Your Job and Responsibilities (Please be specific; describe in detail)		
Employer	Date Started	Starting Pay
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Street City State	Date Left	Final Pay
Supervisor Dept. Telephone	Reason for Leaving	
Your Job and Responsibilities (Please be specific; describe in detail)		

EDUCATION					
	Name of School	City and State	Course or Major		Degree
High School(s)			XXXXX	Last Grade Completed (Circle): 9 10 11 12	XXXX
			XXXXX	Last Grade Completed (Circle): 9 10 11 12	XXXX
College(s)				Number of Years Completed (Circle): 1 2 3 4	
				Number of Years Completed (Circle): 1 2 3 4	
Graduate Studies				Number of Years Completed (Circle): 1 2 3 4	
Other - Give Type				Number of Years Completed (Circle): 1 2 3 4	
Vocational or technical courses studied: _____ _____					
Business or secretarial courses studied: _____ _____					
List any computer software and equipment and other office equipment you can operate proficiently: _____ _____					
List any special certification, skills, knowledge, or experience which you feel may be relevant to the job you are seeking: _____ _____					
Are you planning to pursue or are you currently enrolled in any studies or courses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when, where, for what period of time, or for what courses are you enrolled? _____ _____					
Are you currently on "layoff" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are now employed, why do you want to change your job? _____ _____					
Have you <i>ever</i> been suspended, fired, asked to resign, resigned by mutual agreement, or otherwise involuntarily terminated from any job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what job, when and why? _____ _____					

PERSONAL INFORMATION

Are you 18 years of age or older? Yes No

Have you ever been convicted of any crime other than a routine traffic offense? (Includes a "no contest" or "guilty" plea)

Yes No

If yes, explain: _____

Are you currently under indictment or charged with a felony? Yes No

If yes, explain: _____

Have you ever had an application or surety bond refused? Yes No

Have you ever been denied a license or certification? Yes No

If yes, explain in detail: _____

Have you ever had any license or certification placed under investigation, suspended, revoked, or have you otherwise been disciplined or put under probation related to licensing or certification?

Yes No

If yes, explain in detail: _____

List all states in which you were or have been professionally licensed or certified and any national licensing or certification:

REFERENCES (Please do not include relatives)

Name	Address	Telephone
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____

(Please use this space below to complete any answers and to provide additional information)

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY AND SIGN BELOW IF YOU AGREE TO THESE TERMS OF EMPLOYMENT.

1. **Certification of Truthfulness:** I represent that all my statements in support of my Application for Employment are true and complete. I understand and agree that if the City of Cadillac, at any time, should determine that any requested information was withheld by me or any of my statements are false or misleading, I may be discharged.

2. **Employment at Will:** If hired by the City of Cadillac, I agree to comply with all rules, regulations, policies, and communications directed to employees, including any changes made from time to time. I understand that I will be free to resign my employment at any time with or without cause and with or without notice, and I agree that the City of Cadillac also may terminate my employment at any time, with or without cause and with or without prior review, notice, or warning.

3. **Limitation on Claims:** I agree that any lawsuit against the City of Cadillac and/or its agents arising out of my application for employment including this Application, employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within the following time limits or be forever barred: (a) for lawsuits requiring a Notice of Right to Sue from the EEOC, within 90 days after the EEOC issues that Notice; or (b) for all other lawsuits, within (i) 180 days of the event(s) giving rise to the claim, or (ii) the time limit specified by statute, whichever is shorter. I waive any statute of limitations that exceeds this time limit. This limitation on claims may only be changed by written agreement between me and the City of Cadillac.

4. **Authorization to Work:** If I am selected for hire, I agree to certify and produce documentation that I am authorized to work as required by the Immigration Reform and Control Act of 1986.

5. **Need for Accommodation:** If, due to a physical or mental disability, I need an accommodation to perform the job for which I may be selected, I understand that I must notify the City of Cadillac of this need. Failure to do so in writing within 182 days after I know or reasonably should have known that an accommodation is needed may bar me from alleging that the City of Cadillac has not accommodated me as required by law.

6. **Drug Testing:** I agree to provide the City of Cadillac with appropriate specimens to test for the presence of drugs or other controlled substances. I understand that decisions concerning my employment will be made as a result of these tests.

7. **Physical Exam and Release of Medical Information:** I understand that any job offer may be conditioned on passing a physical exam. I authorize every medical doctor, physician or other health care provider (HCP) to provide any and all information, including but not limited to medical reports, laboratory reports, X-rays or clinical abstracts relating to my previous health history or employment in connection with any examination, consultation, test or evaluation. I will cooperate in obtaining any additional authorization required by any HCP for release of any information. I hereby release every HCP and every other person, firm, officer, corporation, association, organization or institution which shall comply with the authorization or request made in this respect from any and all liability for disclosure made pursuant to my authorization. I understand that medical information will not be requested from me, my physician or other HCP until a job offer has been made.

8. **Security:** I agree that the contents of any offices, work spaces, desks, lockers, any City of Cadillac property I may be using, as well as my person and any property I bring onto the City of Cadillac's premises, may be searched, inspected and surveilled by the City of Cadillac if it has a reasonable suspicion that I engaged in work-related misconduct or that the search is necessary for a non-investigatory work-related purpose. I understand that I have no expectation of privacy with respect to any information on the City of Cadillac's information systems, including but not limited to computer systems, emails and texts. I agree that, except as directed otherwise in writing by the City of Cadillac, I will not disclose to anyone or use for my own purposes, any of the City of Cadillac's or its residents' confidential or proprietary information, either during or after my employment. I understand and agree that the City of Cadillac resident names and their information, financial data, computer information and processes are confidential and proprietary information and I will not make written or other copies or notes regarding these matters except as necessary to perform my job. I agree that if my employment ends, I will deliver to the City of Cadillac all material of any kind that I have relating to its business, including any such copies or notes. I agree that if any of these commitments by me is ever found to be legally unenforceable as written, it will be enforced as far as legally possible.

9. **Consideration for Employment:** I agree to the above terms. Should I be employed, I understand and agree that these provisions of my employment can be revised only by a written contract signed by both the full Board of Commissioners of the City of Cadillac and me and authorized by a written resolution of that Board, and that no other personnel of the City of Cadillac has any authority to offer employment other than on an at-will basis as described above. I understand and agree that, except as provided above, all compensation, benefits, programs, rules, and policies of the City of Cadillac are subject to exception or change including termination at any time as solely decided by the City of Cadillac in its discretion.

I understand that I may take this application form with me to submit at a later time if I choose to do so. I acknowledge by my signature that I have been given adequate time to read, complete, and review my application and this certification, and I have knowingly and voluntarily signed below.

I have read and understand the items listed in the Application for Employment, including this page, and acknowledge that with my signature below.

Date _____

Signature of Applicant _____

AUTHORIZATION AND WAIVER

This authorization and waiver is part of my written application for employment with the City of Cadillac.

I authorize all employers and educational institutions where I am or have been employed or enrolled, and all law enforcement agencies, to disclose to the City of Cadillac any and all information in their possession about my employment history (including disciplinary and other matters), personal background, and/or credit background. I hereby waive written or other notices from all such parties of their release of any such information to the City of Cadillac. I further authorize all educational institutions I have attended to disclose to the City of Cadillac any and all information in their possession regarding my attendance and performance at such institution, including but not limited to: disclosure of any diploma or degree of certification awarded; disclosure of academic information and transcripts; and disclosure of any disciplinary record. I hereby waive written or other notice from such institution of its release of any such information to the City of Cadillac.

I understand that under Michigan's Bullard-Plawecki Employee-Right-To-Know Act, I am entitled to notice of the release of information from my personnel record, and I hereby specifically waive any such notice from any prior employer.

I release all my prior employers and educational institutions, and all law enforcement agencies, from any liability or claim relating to the release of information, records or opinions to the City of Cadillac, or to any employment decisions made by the City of Cadillac as a result thereof.

For purposes of this Authorization and Waiver, a photocopy of my signature shall have the same force and effect as my original signature.

Name _____
(Please Print)

Signature _____ Date _____