



CITY OF ZEELAND APPLICATION FOR EMPLOYMENT

The City of Zeeland is an equal opportunity employer. In all our employment practices, including hiring, we are firmly committed to equal opportunity without regard to race, religion, color, sex, age, national origin, citizenship, disability or any other basis of discrimination prohibited by applicable local, state or federal law. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment.

Name _____ Date _____

Current Address _____

Telephone (____)-_____ 18 or older? () Yes () No

Were you known to any employer, school or reference by another name? () Yes () No
If yes, indicate other name: _____

How many years have you lived in this city? _____

Position applied for 1) _____ Pay rate expected \$ _____

2) _____ Pay rate expected \$ _____

Do you want to work: Full-Time _____ Part-Time _____? If applying only for part-time, what days and hours? _____

Have you ever applied for work with us before? () Yes () No If yes, when? _____

List any friends or relatives that currently work or have worked for us: _____

Do you have any skills, qualifications or experiences which you feel would especially qualify you for work with us? _____

- How far do you live from this location? _____
- Do you have transportation to work? () Yes () No
- Are you currently on Layoff Status, Leave of Absence or other Suspension of Employment and subject to recall with another employer? () Yes () No
- If Yes, provide details: _____

Armed Forces Service? () Yes () No Branch of Service _____

Rank or rating at time of enlistment _____ at discharge _____

Have you ever been convicted of a crime in the last 7 years? () Yes () No If yes, explain _____

Note: A conviction will not necessarily disqualify the applicant from the job being applied for.

If hired, when can you start? _____

School	No. Years Attended	Name of School	City	Course	Did you Graduate
Grammar					
High					
College					
Other					

PRIOR WORK EXPERIENCE - Please list your most recent employment first

Name & Address Of Employer & Supervisor	Dates of Employment	Type of Work	Starting Salary	Final Salary	Reasons For Leaving

May we contact these employers? () Yes () No

BUSINESS REFERENCES

NAME	ADDRESS & PHONE NO.	OCCUPATION

Note: Resume may be attached

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY:

1. Certification of Truthfulness

I certify that all statements on this Application for Employment are made truthfully and without evasion, and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being employed, or if employed may result in my dismissal.

2. Authorization for Employment/Educational Information

I authorize the references listed in this Application for Employment, and any prior employer, educational institution, or any other persons or organizations to give this Company any and all information concerning my previous employment/educational accomplishments, disciplinary information or any other pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I hereby waive written notice that employment information is being provided by any person or organization.

3. Release of medical information

I authorize every medical doctor, physician or other healthcare provider to provide any and all information, including but not limited to, all 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 hereby release every medical doctor, healthcare personnel 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.

4. Employment at Will

If I am hired, in consideration of my employment, I agree to abide by the rules and policies of this Company, including any changes made from time to time, and agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no manager or other representative of the Company, other than the Personnel Director, has any authority to enter into any agreement for employment for any specific or indefinite period of time, or to make any agreement contrary to the foregoing. Any such agreement made by the Personnel Director must be made in writing to be effective.

5. Authorization to Work

If I am selected for hire I will be offered employment provided I verify that I am authorized to work as required by the Immigration Reform and Control Act of 1986.

6. Limitation on Claims

I agree that any action or suit against the Company arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil right statutes, must be brought within 180 days of the event giving rise to the claim or be forever barred. I waive any statute of limitations to the contrary.

7. Need for Accommodation.

If I am a handicapper who requires an accommodation to perform the job, I must notify the Company of that need within 182 days after I knew or reasonably should have known that accommodation was needed. Failure to do so will bar me from alleging that the Company has not accommodated me as required by law.

8. Criminal Records Check

I agree to execute an authorization for this employer to secure criminal conviction history from the appropriate law enforcement agency, should the Company determine it is necessary to do so.

9. Physical Exam and Drug and Alcohol Testing

I agree to take a physical exam and authorize the Company or its designated agent(s) to withdraw specimen(s) of my blood, urine or hair for chemical analysis. The purpose of this analysis is to determine or exclude the presence of alcohol, drugs or other substances. I understand that decisions concerning my employment will be made as a result of this test.

Dated: _____

Applicant's Signature