



## 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, sexual orientation, gender identity, marital status, age, height, weight, national origin, pregnancy, disability, genetic information, veteran status, or any other classification or characteristic protected by applicable local, state, or federal law.

**Instructions:** You must answer all questions accurately and completely. You must sign and date the application. Do not provide information that is not requested. If you do not comply with these instructions, your application will be disregarded. The City will consider your application pursuant to its normal procedures for 30 days. You must reapply if you are still interested in employment thereafter.

### PERSONAL INFORMATION

\_\_\_\_\_  
Last Name    First Name    Middle Initial

\_\_\_\_\_  
Current Address    City    State    Zip Code

Length of Time at this Address: \_\_\_\_\_

\_\_\_\_\_  
Cell Phone Number    Other Phone Number    Email Address

Are you under 18 years of age? Yes  No

Are you legally authorized to work in the United States? Yes  No

*Federal law requires you to produce within 3 business days of hire, specific documents establishing your identity & authorization for employment in the United States.*

Have you been known to any employer, school, or reference by a different name? Yes  No

If yes, what was that name? \_\_\_\_\_

Have you ever worked for us before? Yes  No

What jobs are you applying for: 1. \_\_\_\_\_ Pay expected \$\_\_\_\_\_ per \_\_\_\_\_  
2. \_\_\_\_\_ Pay expected \$\_\_\_\_\_ per \_\_\_\_\_

Do you want to work: Full-Time  Part-Time  Seasonal

If applying for Part-Time, what days and hours? \_\_\_\_\_

Are there any times of the day or certain days you are not available to work? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

List anyone you know that works for us. \_\_\_\_\_

Do you have reliable transportation to and from work? Yes  No

If hired, when can you start? \_\_\_\_\_

**BACKGROUND INFORMATION**

Have you ever been convicted of a crime (including a guilty or no contest plea)? Yes  No

If yes, explain when, where, and the nature of the offense (a crime does not automatically disqualify you).

---

---

Have you ever been arrested for a felony? Yes  No

If yes, please explain. \_\_\_\_\_

---

---

**EDUCATION & SKILLS**

---

High School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Check Highest Grade Completed:  9  10  11  12

Are you still attending? Yes  No

List post-secondary education degrees, certifications, and trainings, and whether or not degree was obtained.

---

School Name \_\_\_\_\_ Address \_\_\_\_\_ Dates Attended \_\_\_\_\_

---

Major \_\_\_\_\_ Minor \_\_\_\_\_ Degree Completed \_\_\_\_\_

---

School Name \_\_\_\_\_ Address \_\_\_\_\_ Dates Attended \_\_\_\_\_

---

Major \_\_\_\_\_ Minor \_\_\_\_\_ Degree Completed \_\_\_\_\_

---

School Name \_\_\_\_\_ Address \_\_\_\_\_ Dates Attended \_\_\_\_\_

---

Major \_\_\_\_\_ Minor \_\_\_\_\_ Degree Completed \_\_\_\_\_

Describe any other skills, special training, qualifications, or experiences to the position for which you are applying:

---

---

---

---

---

---

---

## WORK EXPERIENCE

Please list your most recent employment first. Include military service assignments, and volunteer activities.

1. \_\_\_\_\_  
Company Name Start Date End Date

\_\_\_\_\_ Phone Ending Salary  
Address

\_\_\_\_\_ Supervisor's Name  
Position Title

Reason for Leaving: Discharge  Layoff  Voluntary Resignation ,  
*please explain:* \_\_\_\_\_

2. \_\_\_\_\_  
Company Name Start Date End Date

\_\_\_\_\_ Phone Ending Salary  
Address

\_\_\_\_\_ Supervisor's Name  
Position Title

Reason for Leaving: Discharge  Layoff  Voluntary Resignation ,  
*please explain:* \_\_\_\_\_

3. \_\_\_\_\_  
Company Name Start Date End Date

\_\_\_\_\_ Phone Ending Salary  
Address

\_\_\_\_\_ Supervisor's Name  
Position Title

Reason for Leaving: Discharge  Layoff  Voluntary Resignation ,  
*please explain:* \_\_\_\_\_

4. \_\_\_\_\_  
Company Name Start Date End Date

\_\_\_\_\_ Phone Ending Salary  
Address

\_\_\_\_\_ Supervisor's Name  
Position Title

Reason for Leaving: Discharge  Layoff  Voluntary Resignation ,  
*please explain:* \_\_\_\_\_

## **BUSINESS REFERENCES**

Please provide the names and contact information of three business references not related to you,  
whom you have known, and worked with at least one year.  
Please include prior supervisors, co-workers, and/or direct reports, if possible.

<b>1.</b> _____ Reference Name	_____
_____	Business Relationship
Phone Number	_____
	Company Name
<b>2.</b> _____ Reference Name	_____
_____	Business Relationship
Phone Number	_____
	Company Name
<b>3.</b> _____ Reference Name	_____
_____	Business Relationship
Phone Number	_____
	Company Name
<b>4.</b> _____ Reference Name	_____
_____	Business Relationship
Phone Number	_____
	Company Name

Note: You may also attach a resume to your application.

## **APPLICANT'S CERTIFICATION AND AGREEMENT**

*Please read carefully:*

### **1. Definition.**

For purposes of this Certification and Agreement, "City of Zeeland" means the City of Zeeland and any of its past, present, and future affiliated entities.

### **2. Certification of Truthfulness.**

I certify that all statements on this Application for Employment are complete, correct, and truthful and I further understand and agree that any false or evasive statements or material omissions on this Application or interview(s) may be investigated and if found to be false or materially omitted will be sufficient reason for not being employed, or if employed, may result in my dismissal.

### **3. 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 the City of Zeeland 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 or educational information is being provided by any person or organization.

### **4. Employment at Will.**

I understand that this application is not an offer, promise or contract of employment, either expressed or implied. If I am hired, in consideration of my employment, I agree to abide by the rules and policies of the City of Zeeland, including any changes made from time to time, and agree that my employment and compensation can be terminated with or without reason, and with or without notice, at any time, at the option of either the City of Zeeland or myself. I understand that no manager or other representative of the City of Zeeland, other than the City Manager or General Manager, 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 City Manager or General Manager must be made in writing and signed by him or her to be effective.

### **5. Authorization to Work.**

I understand that, if hired, I will be required to provide documentation of both my identity and employment eligibility in the United States in accordance with the Immigration Reform and Control Act of 1986. I understand, that, if hired, my employment will be subject to various guidelines, rules and regulations of the City of Zeeland as stated in the Employee Handbook, any policy and procedure manual, or other communications to employees. I further understand that the City of Zeeland's policies and procedures are subject to modification without notice.

### **6. Limitation on Claims.**

I agree that any lawsuit or claim against the City of Zeeland arising out of my employment or termination of employment (including, but not limited to, claims arising under state, federal or local civil rights laws) 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 or claims, 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.

**7. Need for Accommodation.**

We are an Equal Opportunity Employer and do not discriminate against any individual in any phase of employment in accordance with the requirements of local, state, and federal law. The Company also provides reasonable accommodations to qualified individuals with disabilities in accordance with the Michigan Persons with Disabilities Civil Rights Act, and applicable local, state, and federal law. Under Michigan law, if you need an accommodation, you must notify the Human Resources office in writing within 182 days after you knew or reasonably should have known of the need. Failure to notify Human Resources in a timely manner may result in the loss of legal rights under Michigan law.

**8. Background Check.**

The City of Zeeland may conduct criminal background checks and social security number verification for employees as a condition of employment. Criminal background checks include County, State, and Multi-State criminal record checks. As required by position, employees may also be subject to Employment Credit Checks as permitted by State law. Individuals that drive for the City of Zeeland as a requirement of their position are subject to a Motor Vehicle Record check. I authorize the City of Zeeland to secure my background check history. I agree to execute the appropriate authorization if necessary, to obtain such information.

**9. Driving Record Check.**

I agree to execute an authorization for the City of Zeeland to inquire into, and obtain documents related to, any driving record from every state in which I have held a motor vehicle operator's license or permit.

**10. Physical Exam and Drug and Alcohol Testing.**

I understand that I may be required to pass a pre-employment drug screen and physical, and if hired, I will be subject to the City of Zeeland's Drug and Alcohol testing policy during my employment. One purpose of this analysis is to determine or exclude the presence of alcohol, drugs, or other substances. I understand that decisions concerning my employment may be made as a result of these tests.

**11. Consideration for Employment.**

I agree that if any of the above commitments is ever found to be legally unenforceable as written, the particular commitment concerned shall be limited to allow its enforcement as far as legally possible.

I have read items 1 through 11 above, and I understand them. I knowingly and voluntarily agree to them with my signature below.

\_\_\_\_\_  
Applicant's Signature (Void unless signed and dated)

\_\_\_\_\_  
Date