



Application for Employment

We are an equal opportunity employer. We do not discriminate in employment based upon age, sex, color, creed, nationality, disability, height, weight, military status, unfavorable discharge from military service or other protected classifications. A person with a disability requiring accommodation for completing the application process should notify us as soon as possible. Michigan law requires that a person with a disability requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Position Applied for		
Are you eligible to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>Note: In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.</i>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you over the age of 18 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, you may be required to provide authorization to work.
Can you perform the essential functions of the position for which you are applying?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION (HIGH SCHOOL / COLLEGE)

From				Address	
College	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
From				Address	
Other	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
From				Address	
Other	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

PLEASE LIST THREE PROFESSIONAL REFERENCES

Full Name	
Company	Relationship
Address	Phone
Full Name	
Company	Relationship
Address	Phone
Full Name	
Company	Relationship
Address	Phone

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

The City of Benton Harbor is an equal opportunity employer. The City of Benton Harbor does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, height, weight, sex (including sexual harassment), sexual orientation marital status, physical or mental disability, military status or unfavorable discharge from military service.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. Applicant agrees and authorizes Employer and its officers, agents, employees, managers and commissioners ("Protected Parties") to obtain information concerning my background and/or references including but not limited to criminal history, credit history, motor vehicle driving history and residence and hereby releases the Protected Parties from any liability, claims or demands against any or all of them. I hereby release the City of Benton Harbor from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. By signing this application, I authorize the City of Benton Harbor to make investigations and I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal. Furthermore, my employment is conditional upon the successful completion of:

- A background investigation appropriate to my position.
- Passing a pre-employment drug test and/or pre-placement health exam, if required.
- Meeting employability requirements of the United States Citizenship and Immigration Service submitting appropriate documentation to satisfy the requirements of completing the I-9.

Meeting minimum or maximum age requirements of applicable laws and submitting proof of true age is required. Applicant agrees that if hired, he or shall report, in writing, any event of harassment or discrimination that he or she contends existed and that this is a condition precedent to the bringing of any action against the Employer.

I understand that should an employment offer be extended to me and accepted, that I will fully adhere to the policies, rules and regulations of employment of the Employer. Applicant agrees that if hired, he/she shall report, in writing, any event of harassment or discrimination that he or she contends existed and that this is a condition precedent to the bringing of any action against the Employer. However, I further understand that neither the policies, rules or regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature	Date
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