



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 protected by applicable local, state, or federal law.

Today's Date: _____

Time: _____

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.

NAME: _____ Are you 18 or older? Yes _____ No _____

CURRENT ADDRESS: _____

LENGTH OF TIME AT THIS ADDRESS: _____

SOC. SEC. NO: _____ **TELEPHONE:** (____) _____

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

If yes, what was that name? _____

Job(s) applied for: 1. _____ Rate of pay expected \$ _____ per _____

2. _____ Rate of pay expected \$ _____ per _____

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

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

List anyone you know who works for us: _____

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

How far do you live from this location? _____

Do you have transportation to work? Yes _____ No _____

Do you have any activities, commitments, or responsibilities (e.g. carpooling, school, other employment) that might in any way restrict the hours (including overtime) or days you can work?

Are you currently subject to recall with another employer? Yes _____ No _____

If yes, provide details: _____

Are you able to do the essential functions of the job(s) for which you are applying? Yes _____ No _____

Are you authorized to work in the United States? 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)

Are there any felony charges pending against you now? Yes _____ No _____

If yes, describe _____

EDUCATION

SCHOOL	NUMBER OF YEARS ATTENDED	NAME OF SCHOOL	CITY, STATE	COURSE OF STUDY	DID YOU GRADUATE?
HIGH					
COLLEGE					
OTHER					

PRIOR WORK EXPERIENCE

Please list your most recent employment first. Include military service assignments, and volunteer activities, but exclude organization names which indicate race, color, religion, sex or national origin.

NAME & ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT		TYPE OF WORK DONE	STARTING PAY	FINAL PAY	REASON(S) FOR LEAVING
	FROM	TO				

Are you currently subject to the terms of any non-compete, non-solicitation, and/or non-disclosure agreement with a current or prior employer or third party? Yes _____ No _____

If you answered “yes,” please describe the terms of any such agreement as well as the expiration date, or provide a copy. The City reserves the right to inspect any such agreement(s) as a precondition to any offer of employment.

BUSINESS REFERENCES

List only those individuals who held managerial positions in the companies at which you were employed during the time of your employment.

NAME	ADDRESS AND TELEPHONE NUMBER	OCCUPATION

Note: You may also attach a résumé 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 and truthful and I further understand and agree that any false or evasive statements or material omissions on this Application 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 information is being provided by any person or organization.

4. Employment at Will.

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 cause, 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 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 and signed by him or her 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 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. Reimbursement.

Upon termination of employment, I am responsible for returning any City of Zeeland property in my possession and for paying any amounts that I may owe to the City of Zeeland at that time. If I have not done so, by signing this Applicant's Certification and Agreement, I authorize the City of Zeeland to deduct the amount(s) owed from any wage or benefit payments that may be due to me.

8. Need for Accommodation.

If I have a mental or physical disability and require an accommodation to perform the job, I must notify the City of Zeeland of that need in writing within 182 days after I knew or reasonably should have known that an accommodation was needed. Failure to do so will bar me from alleging that the City of Zeeland has not accommodated me under Michigan law.

9. Criminal Records Check.

I authorize the City of Zeeland to secure my criminal conviction history. I agree to execute the appropriate authorization if necessary to obtain such information.

10. 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.

11. Release of Medical Information.

I authorize every medical doctor, physician or other health care 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, health care 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. I understand that this release will not be sent to my physician or other health care provider until a conditional job offer has been made.

12. Physical Exam and Drug and Alcohol Testing.

I agree to take a physical exam following a conditional job offer. I also authorize the City of Zeeland or its designated agent(s) to withdraw specimen(s) of my blood, urine, hair and/or other substances for chemical analysis. 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.

13. Consideration for Employment.

I understand that my application will be considered pursuant to the City of Zeeland normal procedures for a period of 30 days. If I am still interested in employment thereafter, I must reapply.

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 13 above, and I understand them. I knowingly and voluntarily agree to them with my signature below.

Dated:

Signed: _____