



## Employment Application

INSTRUCTIONS: It is important to fill out all sections of this application completely and to the best of your ability. The City of Jonesville is an Equal Opportunity Employer.

### Current Information

Desired Position		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Seasonal <input type="checkbox"/>
Today's Date		Date available for employment		
Applicant Name				
Address		City	State	Zip
Phone No.	Email Address	Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what is your birth date?	
Drivers License No.				State of Issue

### General Information

Have you ever been employed with the City of Jonesville?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what department and when?		
Have you ever applied to the City of Jonesville before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what position and when?		
Are you related by blood, marriage, or adoption to any City employee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, state name and relationship.		
Will you require any accommodations to perform the essential duties of the position that you have applied for?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you prevented from lawfully becoming employed in this country because of visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain.		

NOTE: a conviction record will not necessarily exclude an applicant from employment. Factors such as the nature of the offense, age at the time, how recent the offense occurred, and rehabilitation efforts will be considered.

**Education**

Have you received a high school diploma or equivalent?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of High School		City	State
Name of College or University Attended		City	State
Credit Hours Completed	Degree Achieved		
Name of Graduate School Attended		City	State
Credit Hours Completed	Degree Achieved		
Name of Technical School Attended		City	State
Credit Hours Completed	Degree Achieved		

**Military Service**

Branch of Service	Highest Rank Achieved	Discharge Date
List any specialized duty skills and/or training applicable to the position.		

**Skills**

Please list your skills, abilities, special certifications and/or licenses, training or certifications that are applicable to the position.

**Employment History**

Record your complete work history below, beginning with your current or most recent employer. Attach additional sheets, if necessary. Account for gaps in work history and include related volunteer experience.

Employer or Company				
Address		City	State	Zip
Job Title		Starting Salary	Ending Salary	
Name & Title of Supervisor			Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Dates Employed		Reason for Leaving		
Duties				
If this is your current employer, may we inquire of this employer about your qualifications?			Yes <input type="checkbox"/>	No <input type="checkbox"/>

Employer or Company			
Address		City	State      Zip
Job Title		Starting Salary	Ending Salary
Name & Title of Supervisor		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Dates Employed	Reason for Leaving		
Duties			

Employer or Company			
Address		City	State      Zip
Job Title		Starting Salary	Ending Salary
Name & Title of Supervisor		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Dates Employed	Reason for Leaving		
Duties			

Employer or Company			
Address		City	State      Zip
Job Title		Starting Salary	Ending Salary
Name & Title of Supervisor		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Dates Employed	Reason for Leaving		
Duties			

## References

Please do not list relatives

Name	Phone No.		
Email Address	Relationship to You	Years Associated	
Address	City	State	Zip

Name	Phone No.		
Email Address	Relationship to You	Years Associated	
Address	City	State	Zip

Name	Phone No.		
Email Address	Relationship to You	Years Associated	
Address	City	State	Zip

## Authorization for Release of Information

This release and authorization acknowledge that the City of Jonesville may now or at any time while you are employed, conduct a verification of your education, personal references, motor vehicle records, credit reports, and to receive any criminal history record information pertaining to you which may be in the files of any federal, state or local criminal justice agency in Michigan, or any other state, and/or other information as deemed necessary to fulfill the job requirements. The result of this verification process will be used to determine employment eligibility under the City of Jonesville employment policies. All results will be proprietary and will be kept confidential.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I have read and understand this release and consent and I authorize the background verification. I authorize all individuals, school, current and former employers, financial or credit institutions, and other organizations and agencies to provide the City of Jonesville with all information requested and I hereby release the individuals and organizations that provide such information from any and all claims and damages connected with their release of any requested information. I agree that a copy of this document is as valid as the original.

I do hereby agree to forever release and discharge the City of Jonesville and their associates from any claims, damages, losses and expenses or another charge or complaint filed with any agency arising from retrieving and reporting of information and acknowledge notice of right to receive a copy upon written request.

Applicant Name			
Address		City	State Zip
Phone No.	Driver License No.		State of Issue
Applicant Signature			Date
Witness			Date