



APPLICATION FOR EMPLOYMENT

City of Frankenmuth

240 W. Genesee Street

Frankenmuth, MI 48734-1398

Phone: (989) 652-9901 • Facsimile: (989) 652-3451 • Website: frankenmuthcity.com

The City of Frankenmuth is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, or disability.

Please note the following: (1) Answer all questions completely. Failure to do so may result in rejection of your application and you may not be considered for employment. (2) Please print legibly. (3) This application will be kept current for six (6) months from the date it was submitted.

PERSONAL INFORMATION

Date _____ Name _____

First Middle Last

Phone _____ Email Address _____

Address _____

No./Street City State Zip Code

Driver's License No. & State _____

Position(s) Applied for: _____

Full-time Part-time Temporary Seasonal

Starting Wage Desired (indicate hourly/weekly/annually): \$ _____ per _____

Please insert times on each day(s) you would be available to work: Monday _____ Tuesday _____

Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____

If hired, when would you be available to start work? _____

Are you under 18 years of age? Yes No

Are you currently working? Yes No

Are you on lay-off? Yes No

If yes, are you subject to recall? Yes No

Have you ever been refused a bond? Yes No

Will you submit to a drug screening test? Yes No

Have you ever been employed by the City of Frankenmuth? Yes No

If yes _____
Position Department Dates (from/to)

Are you a relative by birth or marriage to any City of Frankenmuth elected official or employee? Yes No

If yes, please provide their name and relationship to you. _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?

Yes No. (Proof of citizenship or immigration status may be requested upon employment.)

Have you ever been fired? Yes No. If yes, give date, where you worked and explanation: _____

Are you capable of performing, with or without reasonable accommodation (e.g., special assistance, equipment or other help), the the essential duties of the job or occupation for which you have applied? Yes No

Have you ever been convicted of a felony that has not been expunged, annulled or sealed? Yes No
 If yes, completely describe including location and date: _____

NOTE: A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation and rehabilitation will be considered.

EDUCATION & TRAINING

	High School	Vocational/ Technical	College/ University	Graduate School
School Name				
Did you graduate? (if not, list the number of credit hours completed).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Degree(s)/Certification(s)				
Major/Minor				

Describe any specialized training, apprenticeships, internships, skills, licenses, certificates and extra curricular activities that pertain to the position(s) for which you are applying. _____

What type of business machines, machinery or equipment do you operate? _____

List outside interests/hobbies. _____

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the USA or in the National Guard? Yes No

If yes, what branch? _____ Rank at discharge _____

Date of discharge _____ Were you dishonorably discharged? Yes No

NOTE: A dishonorable discharge from the military will not necessarily be a bar to employment.

List Duty(ies) _____

EMPLOYMENT HISTORY

Below, list each job held beginning with your present or last job first. Omit military service record. If you require more space or have a resume containing this information please attach additional sheet(s) to this application. If you were employed under a maiden or other name, please indicate that name by the employer. All information provided must be accurate and correct.

Employer	Dates		Work Performed
	From	To	
Address & Telephone No.			
Job Title	Hourly Rate/Salary		
	Start	End	
Supervisor			
Reason(s) for leaving			

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	From	To	
Address & Telephone No.			
Job Title	Hourly Rate/Salary		
	Start	End	
Supervisor			
Reason(s) for leaving			

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Job Title	Hourly Rate/Salary		
	Start	End	
Supervisor			
Reason(s) for leaving			

REFERENCES

(Do not include relatives or former employers)

NAME	ADDRESS	TELEPHONE

APPLICANT'S AGREEMENT & UNDERSTANDING

1. I acknowledge and certify that the information contained in this application (and resume, if applicable) is true and complete. I understand that falsification or omission of any relevant facts in my application, resume, or other materials provided, during my interview (if any), or during my employment (if hired) is grounds for disqualification for further consideration for employment or, if employed, for discipline or discharge in accordance with the policies of the City of Frankenmuth (the "City").
2. If hired, I agree to conform to the City's policies, procedures, and work rules. I understand that if hired, my employment relationship with the City will be at-will, and that I or the City may terminate my employment with or without cause or notice at any time. I further understand that no City employee other than the City Manager has the authority to enter into a contract of employment with me and that any such contract must be in writing and signed by me and the City Manager.
3. I acknowledge that any offer of employment I may receive from the City is contingent on the results of a reference and background check. Therefore, I authorize the City to: (1) investigate the truthfulness of all statements made on this application, or my resume; (2) contact my former employers and other listed references or any other persons who can verify information (including law enforcement agencies); and (3) discuss results of any investigation with other City employees involved in the hiring process. In addition, I give my consent for all contacted persons, including former employers, to provide information concerning this application, and I release each such person from liability for providing information to the City. I waive any written notice requirements for the release of any information, including my discipline history (however old), which may be required under state or federal law.
4. I authorize the City to release any information (even if more than four years old) relating in any way to my employment including disciplinary reports, letters of reprimand or other notices of disciplinary action when such information is requested by any prospective or subsequent employers without any obligation (by them or you) to give me any notice of such disclosure.
5. I acknowledge that a physical examination and drug screen test may be required prior to beginning employment. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the essential duties of the job for which I am applying. I understand that a positive drug test result, a refusal to submit a requested sample for testing, or a refusal to authorize such testing in writing may result in the City withdrawing any offer of employment made to me.
6. I have read the attached job description. If employed, I understand that under Michigan law, if I am disabled or become disabled and am in need of a reasonable accommodation to perform the essential duties of my job, I must notify the City, in writing, within 182 days after the need is known or should have been known to me. Failure to properly notify the City within 182 days will preclude any claim under Michigan law that the City failed to accommodate the disability.
7. ***I understand and agree that any claim or lawsuit I might bring against the City or any of its employees or agents must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I specifically waive any statute of limitation to the contrary. I also agree that any claim I might bring will be tried before the judge. I specifically waive any right to a jury trial. I understand that I must file any such claim in Saginaw County, Michigan, or in the U.S. Federal District Court for either the Western or the Eastern District of Michigan or I will forfeit my claims. Filing in another jurisdiction will not be valid or toll the above limitation period. Nothing in this paragraph shall be deemed to forfeit any statutory rights provided under state or federal law.***

