



City of Hastings, Michigan

Application for Employment

To applicants: Your interest in employment with the City of Hastings is appreciated. Completion of this application for employment assists with providing a clear understanding of your background and work history and will aid us in placing you in the position that best meets your qualifications. False or misleading statements or omissions will be cause for rejection of this application or dismissal after appointment.

The City of Hastings has a commitment to Equal Employment Opportunity and complies with Federal and State standards pertaining to equal employment opportunity. It is the policy of the City of Hastings to implement equal opportunity on an affirmative basis to all qualified employees and applicants for employment without regard to race, color, creed, sex, age, height, weight, marital status, religion, veteran status, national origin or disability. Michigan Law requires that a handicapped individual with a disability needing accommodations for employment notify the employer in writing, within 182 days after the need is known.

 Position for which you are applying Date of Application

 How did you learn of this position? (Give source)

 Last Name First Name Middle

 Street Address City, State Zip Code

 Telephone Number Email

| | | | |
|---|---|---------------------------------------|--|
| Are you prevented from becoming lawfully employed in the United States? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you available to work? | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary |
| Are you currently employed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | May we contact your current employer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you currently on "lay-off" status and subject to recall? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you 18 years of age or older? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

On what date would you be available to start work? _____

Are you able to perform the functions of the job position for which you are applying, with or without reasonable accommodation? ___Yes ___No

If reasonable accommodation is required, please detail _____

Have you been convicted of a felony within the last seven years? ___ Yes ___ No

If yes, please give details including charge, location, circumstances, etc.

Education

| | School Name | City, State | Course of Study | Diploma / Degree |
|-----------------|-------------|-------------|-----------------|------------------|
| High School | | | | |
| College | | | | |
| Other (specify) | | | | |
| Other (specify) | | | | |

Describe any specialized training, apprenticeships, skills, or licenses held.

Employment History

Start with your present or most recent job. Include any military service and volunteer activities. You may exclude organizations which indicate race, color, religion gender, national origin, disabilities, or other protected status. List all employers for positions held in the past 20 years.

| | |
|--------------------|---|
| Employer | Dates Employed From: _____ To: _____ |
| Street Address | Telephone |
| City, State, Zip | Work Performed |
| Job Title | |
| Supervisor Name | Supervisor Contact Info |
| Reason for Leaving | |

| | |
|--------------------|---|
| Employer | Dates Employed From: _____ To: _____ |
| Street Address | Telephone |
| City, State, Zip | Work Performed |
| Job Title | |
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| | |
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| City, State, Zip | Work Performed |
| Job Title | |
| Supervisor Name | Supervisor Contact Info |
| Reason for Leaving | |

If you need additional space, please continue on a separate piece of paper.

May we contact the employers listed above? _____Yes _____No

If not, indicate the employers you do not wish us to contact and the reason:

References (Other than Family Members)

| Name | Phone Number | Occupation or Relationship to Applicant |
|------|--------------|---|
| | | |
| | | |
| | | |

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment, education, volunteer, or other experience.

Applicant's Statement and Certification

By signing and submitting this application for employment, I certify that all information contained in it is true and complete to the best of my knowledge and belief. I understand and agree that, in the event of my employment with the City of Hastings, false or misleading information provided by me in my application or interview(s) may result in my immediate discharge.

I understand that neither this application nor any subsequent offer of employment creates a contract of employment and if I am hired, I will be employed at-will, meaning that the City may terminate my employment at any time, with or without cause and with or without notice and that no person in whatever position is authorized by the City of Hastings to convey or imply any terms of employment to the contrary.

I further understand and agree that, if employed, I will abide by all rules and regulations of the City of Hastings.

Signature of Applicant

Date

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City of Hastings, Michigan
Reference and Background Check Investigation Consent

I, _____, authorize the City of Hastings and/or its agents, on behalf of the City of Hastings, as part of the application process to verify the information given by me in my application to make any investigation of my background deemed necessary including a Consumer Credit Report and/or Background Report. I consent to a background investigation and authorize my former employers, school authorities, police agencies, and any other persons or organizations to give to the City of Hastings any information regarding my employment, education, experience or character together with any information they may have regarding me whether or not it is in their records without providing written notice to me. I hereby release them and their organization from any claims and liabilities whatsoever for issuing same and release the City of Hastings from any claims or liability for using such information in making a hiring decision.

I acknowledge in the event that an entity or record source requires an alternative release form or additional identifying characteristics in order to release the requested information, I agree to provide the additional information and sign any additional release authorization, if so requested by the City of Hastings.

The following is my true and complete legal name and all information is true and correct. I understand that omission, and/or false information and representations may disqualify me from consideration for employment, or, if I am hired or already work for the City of Hastings that I may be disciplined, up to and including termination.

Full Name Date of Birth

Maiden Name or Other Names Used

Present Address

Signature Date

The City of Hastings is an Equal Opportunity Employer and does not discriminate on the basis of sex, race, color, ancestry, religion, creed, national origin, sexual orientation, gender identity, marital status, veteran status, age, disability, results of genetic testing, or on the basis of any other classification protected by federal, state, or local law.