

# CITY OF ALBION

## APPLICATION FOR PART-TIME OR SEASONAL EMPLOYMENT

The City of Albion is an Equal Opportunity Employer that welcomes male and female applicants of all backgrounds.

**READ THIS FORM CAREFULLY AND FOLLOW ALL INSTRUCTIONS.**  
FAILURE TO COMPLETE THIS APPLICATION IN ITS ENTIRETY MAY RESULT IN THE REJECTION OF YOUR APPLICATION AND  
ELIMINATE YOU FROM FURTHER CONSIDERATION AS A JOB CANDIDATE.

**Please PRINT the requested information in the spaces provided. Use blue or black ink. Do NOT use pencil.**

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Date of Application: \_\_\_\_\_  
Month/Day/Year

Date available to begin work: \_\_\_\_\_  
Month/Day/Year

### PERSONAL DATA

\_\_\_\_\_ E-Mail: \_\_\_\_\_  
Last Name First Middle

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_--\_\_\_\_\_  
Address (Apt. No.) or (P.O. Box No.) Home Telephone

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_--\_\_\_\_\_  
City, State, Zip Day Telephone

**Are you a citizen of the United States?** Yes ( ) No ( )

If not, do you have the legal right to be employed in the United States? Yes ( ) No ( )

(Under the Immigration Reform & Control Act of 1986 you must verify you are an authorized alien. If you cannot, any offer of employment will be rescinded.)

**Are you 18 years or older?** Yes ( ) No ( )

Have you been previously employed by the City of Albion? Yes ( ) No ( )

If yes, what department(s) and date(s)? \_\_\_\_\_

Do you have any relatives who are employees of the City of Albion? Yes ( ) No ( )

If yes, indicate name(s) and relationship(s) to you: \_\_\_\_\_

**Have you ever been convicted of a misdemeanor or felony?** Yes ( ) No ( )

If yes, complete the following:

Date	Offense	Place	Disposition (e.g., probation, jailed, etc.)
_____	_____	_____	_____
_____	_____	_____	_____

**Have you ever been ticked for any traffic offenses (excluding parking tickets)?** Yes ( ) No ( )

If yes, complete the following:

Date	Offense	Place	Disposition (e.g., paid fine)
_____	_____	_____	_____
_____	_____	_____	_____

**Note: Depending upon the position for which you are applying, conviction of a misdemeanor, felony, moving traffic violation and/or dishonorable discharge from the military may or may not be an automatic bar to employment. All circumstances will be considered.**

### DRIVER'S LICENSE INFORMATION

Driver's License No. \_\_\_\_\_ Expiration date \_\_\_\_\_

Issued by what State \_\_\_\_\_ Is your license currently valid? Yes ( ) No ( )

License Type (Operator or Chauffeur) \_\_\_\_\_ Do you have a Commercial Driver's License? Yes ( ) No ( )

After the date you obtained your CDL, have you ever tested positive for drugs and/or alcohol? Yes ( ) No ( )

POSITION APPLIED FOR: \_\_\_\_\_

**EDUCATION INFORMATION**

Type of School	School Name & Location	Major(s)	Degree received *	Applicable Course Work	Credit Hours
Have you received your High School Diploma or GED Certificate Yes ( ) No ( )					
College/University (Undergraduate)					
College/University (Graduate)					
Other (Specify)					

\* If you are still in school, what is the anticipated date of your graduation? \_\_\_\_\_ Name under which your transcript was issued if different from name shown on this application: \_\_\_\_\_

**EMPLOYMENT HISTORY**

**THIS SECTION MUST BE COMPLETED FULLY, EVEN IF A RESUME IS ATTACHED.**

List present position or most recent place of employment first (include full-time, part-time and volunteer work).  
PHOTOCOPY THIS PAGE IF ADDITIONAL SPACE WILL BE NECESSARY (OR USE A BLANK SHEET).

Company Name	Supervisor	Telephone ( ) _____ -- _____
Address	City/State	Zip Code
List your Job Title & Responsibilities		Employed (List Month & Year) From: _____ To: _____ Number of Hours per Week:
Name you were employed under if different from name shown on City of Albion application.		Starting Salary      Ending Reason for Leaving

Company Name	Supervisor	Telephone ( ) _____ -- _____
Address	City/State	Zip Code
List your Job Title & Responsibilities		Employed (List Month & Year) From: _____ To: _____ Number of Hours per Week:
Name you were employed under if different from name shown on City of Albion application.		Starting Salary      Ending Reason for Leaving

Company Name	Supervisor	Telephone ( ) _____ -- _____
Address	City/State	Zip Code
List your Job Title & Responsibilities		Employed (List Month & Year) From: _____ To: _____ Number of Hours per Week:
Name you were employed under if different from name shown on City of Albion application.		Starting Salary      Ending Reason for Leaving

**REFERENCES**

Please give the names of three (3) persons, not related to you, whom you have known for over a year.

Name	Address	Telephone (Include area code & state home or office)	Occupation	Years Known

I understand that by completing this application there is no guarantee of a job interview or a job offer. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the City. I also understand that nothing in this employment application, in the City's statements or personnel guidelines or in my communications with any City official or representative is intended to create an employment contract between the City and me. Additionally, I understand that if an employment relationship is established, I have a right to terminate my employment at any time. I also understand that the City retains the right to terminate my employment at any time. Further, I understand that the City has the right to modify its policies without giving me any notice of the change(s).

I hereby authorize the City of Albion to verify all the information I have provided on my application. I also agree to execute, as a condition of employment or continued employment, any additional written authorizations necessary for the City to obtain access to and copies of records pertaining to this information. I expressly authorize the City of Albion to contact any of my prior employers and release all of those prior employers and the City of Albion from any and all liability arising from their giving information about my employment history

State and Federal Law requires the City to make reasonable accommodation to handicapped applicants and employees where the accommodation does not impose an undue hardship on the City. Michigan Law provides that employees and applicants may request an accommodation of their handicap by notifying the City in writing of the need for accommodation within 182 days of the date the individual knows or should know that an accommodation is needed.

I certify that I can and will, upon request, substantiate all statements made by me on this application, that such statements are true, complete and correct to the best of my knowledge. I understand that a false statement, dishonest answer, misrepresentation or omission to any question will be sufficient for rejection of my application, removal of my name from the eligible list or my immediate discharge should such falsifications or misrepresentations be discovered after I am employed.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
 (Your legal signature; do not print)

**City of Albion, Michigan  
AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize any duly empowered representative of the City of Albion bearing this release, or copy thereof, within one year of its date, to obtain any information in your files or other sources pertaining to my employment, military, credit or educational records and personal background including, but not limited to, academic, achievement, attendance, driver's license records, athletic, personal history, disciplinary actions and records, medical records, and credit reports or any other records you may have regarding me. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the City of Albion. Consent is for the City of Albion to furnish such information as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any agency, institution or establishment which you represent including its officers, employees and related personnel, or business, both collectively or individually, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

The facts set forth in my application and/or resume for employment are true and complete. I understand that if employed, any false statements on my application and/or resume may result in my dismissal. It is my understanding that the City of Albion will make a thorough investigation of my work history and may verify all data given in my application and/or resume for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the City of Albion and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent me from being hired. I have read and understand the above.

<i>Printed Name</i>	<i>Date of Birth</i>

<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

<i>Telephone Number</i>	<i>Driver License Number</i>	<i>State of Issue</i>

<i>Date</i>	<i>Signature</i>	<i>Witness</i>