

CITY OF POTTERVILLE EMPLOYMENT APPLICATION

319 Nelson, P.O. Box 488 Potterville MI 48876

Fax 517-645-7810 <http://www.pottervillemi.org>

INSTRUCTIONS TO APPLICANT:

Michigan law requires employers to make accommodations to applicants who are persons with disabilities and such employees where the accommodation does not impose an undue hardship on the employer.

Persons with disabilities who are employees and applicants may request an accommodation of their disability by notifying the Employer in writing of the need for accommodation within 182 days of the date the person knows or should know that an accommodation is needed. Failure to properly notify the Employer will preclude any claim that the employer failed to accommodate the person with disabilities.

PLEASE FILL OUT ENTIRE APPLICATION – DO NOT WRITE “SEE RESUME” - COMPLETED APPLICATIONS CAN BE FAXED or MAILED TO THE CITY OF POTTERVILLE.

In the event you believe you may qualify for vocational certification due to a back, heart, epileptic or diabetic condition, we strongly encourage you to secure this excellent benefit by contacting the Michigan Rehabilitation Services Office at (517) 241-5122. You will need to provide medical information documenting the existence of the disability.

DATE _____

PERSONAL INFORMATION

Last Name	First	Middle	Best Phone
Street Address	City	State	Zip
Other Phone Where You May Be Reached			
Related to Potterville Employee: Name and Department:		Referred By:	Are you over 18 years of age? Yes () No ()
Were You Previously Employed by the City of Potterville? Yes () No () If Yes, Years Employed? _____ Which Department? _____			
Position Applying for:		Date Available To Begin Work	Salary Desired
Other Special Training or Skills:		Michigan Driver's License Yes () No () If No, Which State _____	
Are You A Citizen Of The United States? Yes () No () If No, Then: Do You Have The Legal Right To Live In The United States? Yes () No () Do You Have The Legal Right To Work In The United States? Yes () No ()		Have You Ever Been Fired? Yes () No () If Yes, Name Employer(s) _____	
Please List Any Job Related Physical Limitations:		Typing _____ w.p.m. Shorthand _____ w.p.m. Can You Work: Any Shift? _____ Any Day? _____ State Shift Preference _____	

EDUCATION INFORMATION

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	DATE COMPLETED	DEGREE OR DIPLOMA
HIGH SCHOOL				
COLLEGE				
GRADUATE OR TRADE SCHOOL				
OTHER CERTIFICATIONS				

If Still Attending School, Give Anticipated Date of Graduation _____

Give Name on Diploma If Different From Name Shown Above _____

PERSONAL REFERENCE:

Name: _____ Occupation: _____

Address: _____ Telephone No.: _____

WORK EXPERIENCE

Beginning With Your Present or Most Recent Job, List Your Last Employers. Include Military Service and Voluntary Activities.

Fill In Completely Even If You Are Attaching A Resume.

(1) Company Name	Telephone ()
Address	Employed (State Month and Year) From: To:
Name of Supervisor	Weekly Pay Start: Last:
State Job Title And Describe Duties	Reason For Leaving:
(2) Company Name	Telephone ()
Address	Employed (State Month and Year) From: To:
Name of Supervisor	Weekly Pay Start: Last:
State Job Title And Describe Duties	Reason For Leaving:
(3) Company Name	Telephone ()
Address	Employed (State Month and Year) From: To:
Name of Supervisor	Weekly Pay Start: Last:
State Job Title And Describe Duties	Reason For Leaving:

NOTE: Is Any Additional Information Relative To A Change Of Name Or Use Of Assumed Name Or Nickname If Yes, Give Name(s) Below:
Necessary to Enable a Check on your Work Record? Yes () No ()

(1) Have You Ever Been Convicted of a Crime (felony or misdemeanor)? Yes () No () If yes, please explain (give date(s) of conviction(s) and offense(s). Criminal background checks may be conducted on prospective employees offered a position with the Employer.
(2) Do You Have Any Felony Charges Pending Against You? Yes () No () If yes, please explain
(3) Have You Ever Had A State License or State Certification Revoked or Suspended? Yes () No () If yes, please explain _____

PLEASE READ BEFORE SIGNING

I certify that the information I have given on this form is true and complete according to my best knowledge. I recognize that any misrepresentation or falsification will be cause for rejection of this application or for dismissal, if discovered after I have been hired. I agree to undergo a physical examination at any time at the County's expense to determine if I am physically fit for the job. I authorize Eaton County to verify any statement contained within this application. In consideration of my employment, I agree to conform to the Personnel Rules of Eaton County, that my employment is not for any definite term, and my employment and compensation can be terminated, with or without cause, and with or without notice at any time, at the option of either Eaton County or myself. I understand that no representative of Eaton County other than the Controller has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I agree that any action or suit against the Employer arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

_____ DATE

_____ SIGNATURE