

## APPLICATION FOR EMPLOYMENT MUNICIPALITY OF IRONWOOD, MICHIGAN

*The City of Ironwood 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, handicap, or any other protected category.*

<p align="center"><b>YOU MUST ANSWER ALL QUESTIONS COMPLETELY AND TRUTHFULLY. FAILURE TO DO SO WILL RESULT IN REJECTION OF YOUR APPLICATION (YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT), OR, IF NOT DISCOVERED UNTIL A LATER DATE, MAY RESULT IN DISCIPLINE OR DISCHARGE FROM EMPLOYMENT.</b></p>
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Position(s) Applied for. \_\_\_\_\_

Name \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Address \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

Telephone \_\_\_\_\_  
(HOME) (CELL) (WORK)

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Are you a relative by birth or marriage to any City of Ironwood elected official or full-time management employee?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes \_\_\_\_\_ Relationship \_\_\_\_\_

Are you under 18 years of age? (If yes, attach work permit) Yes \_\_\_ No \_\_\_

Are you currently working? Yes \_\_\_ No \_\_\_

Are you on lay-off? Yes \_\_\_ No \_\_\_

If yes, are you subject to recall? Yes \_\_\_ No \_\_\_

Will you submit to a drug screening test? Yes \_\_\_ No \_\_\_

Have you ever been employed by the City of Ironwood? Yes \_\_\_ No \_\_\_

If Yes: \_\_\_\_\_  
(Position) (Department) (Dates)

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?  
Yes \_\_\_ No \_\_\_

Have you ever been fired? Yes \_\_\_ No \_\_\_

If yes, give date, where you worked and explanation \_\_\_\_\_

Have you ever been convicted of a felony? 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 offence, seriousness and nature of violation, and rehabilitation will be considered.)*

Are you capable of performing with or without reasonable accommodation (special assistance, equipment or other help), the activities involved in the job or occupation for which you have applied?

Yes \_\_\_ No \_\_\_

Describe how you would perform the job function involved in the job or occupation for which you have applied

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### EDUCATION

	High School	Vocation/Technical	College	Graduate
School Name, City/State				
Did you graduate? (if not, number of credits hours completed)	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Degree/Certificate				
Major/Minor				

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

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List Professional, trade, business group memberships and officer held and volunteer work excluding groups the name and character of which indicate race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected class:

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### REFERENCES

(Do not include relatives or former employers)

Name	Address	Telephone Number

### MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States of America or in a State National Guard which is directly related to the position which you are applying for? Yes \_\_\_ No \_\_\_

If Yes, what branch? \_\_\_\_\_ Rank at discharge \_\_\_\_\_

Date of discharge \_\_\_\_\_ Were you honorably discharged? Yes \_\_\_ No \_\_\_

*(Please note: A dishonorable discharge from the military will not necessarily be a bar to employment.)*

## EMPLOYMENT HISTORY

List each job held. Start with your present or last job first.

Employer: \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Hourly Rate/Salary Start: \_\_\_\_\_ End: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reason(s) for Leaving: \_\_\_\_\_  
Work Performed: \_\_\_\_\_

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Employer: \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Hourly Rate/Salary Start: \_\_\_\_\_ End: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reason(s) for Leaving: \_\_\_\_\_  
Work Performed: \_\_\_\_\_

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Employer: \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Hourly Rate/Salary Start: \_\_\_\_\_ End: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reason(s) for Leaving: \_\_\_\_\_  
Work Performed: \_\_\_\_\_

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Employer: \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Hourly Rate/Salary Start: \_\_\_\_\_ End: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reason(s) for Leaving: \_\_\_\_\_  
Work Performed: \_\_\_\_\_

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AGREEMENT AND UNDERSTANDING

1. I certify that the information in this application is true, complete and correct to the best of my knowledge and understand that falsification, misleading, misrepresentation or omission of any information submitted in connection with my application or interview, whether in this document or not, may result in rejection of my application or, if hired, in dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

2. I waive written notice from my current employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel records (even if more than four (4) years old). This waiver is made pursuant to the Bullard-Plawecki Employee Right to Know Act.

Signature \_\_\_\_\_ Date \_\_\_\_\_

3. I authorize the references and current and former employers listed in this application to give the City of Ironwood any and all information concerning my current and previous employment and any pertinent information they may have (even if more than four (4) year old) and release all parties from any Liability for any damages that may result from furnishing such inquiries.

Signature \_\_\_\_\_ Date \_\_\_\_\_

3. I authorize the City of Ironwood to release any information (even if more than four (4) years old) relating in any way to my employment including disciplinary reports, letter 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 City) to give me any notice of such disclosure.

Signature \_\_\_\_\_ Date \_\_\_\_\_

4. I understand that any employment offer is conditional upon the result of the drug screening test and the post offer pre-employment medical examination and background investigation (when applicable based on the position sought).

Signature \_\_\_\_\_ Date \_\_\_\_\_

5. I have read the attached job description. If employed, I understand that if I am or become handicapped in need of accommodation for employment, I must notify the City in writing within 128 days after the need is know or reasonably should have been know to me. Failure to properly notify the City will preclude any claim that the employer failed to accommodate the handicapper.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicants for Union positions read and sign paragraph 7. Do not sign paragraph 8.  
Applicants for Non-Union positions read and sign paragraph 8. Do not sign paragraph 7.

7. In consideration of my employment, I agree to conform to the rules and regulations of the City of Ironwood, as they may be amended or changed from time to time, and I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either the City or myself. I understand that no officer or representative of the City has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the City Manager and any such agreement must be made in writing, directed to me personally. I further acknowledge that no one has made any representation or statement to the contrary to the City's employment at-will policy or about the City's economic outlook or stability to me, either oral or in writing, and I acknowledge and understand that no one has the authority to make such representation of statements to the contrary in the future.

Signature \_\_\_\_\_ Date \_\_\_\_\_

8. In consideration of my employment, I agree to the rules and regulation of the City of Ironwood. I further acknowledge I will be on probationary statues for a minimum of \_\_\_\_ days from my date of hire. As a probationary employee, I understand my employment and compensation can be terminated at any time with or without cause and with or without notice at the option of either the City or myself. I understand that no officer or representative of the City has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the \_\_\_\_\_ of the City and any such agreement must be made in writing, directed to me personally.

I further understand that after my probationary period ends, I will be subjected to the terms and conditions of the collective bargaining agreement between \_\_\_\_\_ and \_\_\_\_\_. I acknowledge that no one has made any representation or statement to the contrary to the City's employment at-will policy or about the City's economic outlook or stability to me, either oral or in writing, and I acknowledge and understand that no one has the authority to make such representation of statements to the contrary in the future.

Signature \_\_\_\_\_ Date \_\_\_\_\_

9. I agree that any lawsuit against the City arising out of my employment or termination of employment including but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within six months of the event giving rise to claims or be forever barred. I waive any limitation period to the contrary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF EACH OF THE ABOVE (8) INDIVIDUAL STATEMENTS, AS INDICATED ABOVE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

ACKNOWLEDGMENT

Please read carefully before signing.

I acknowledge and agree that all statements made herein are subject to investigation and confirmation by the municipality and that the information I have supplied is correct to the best of my knowledge. I understand that any deliberate falsifications, misrepresentations, or omissions of fact may preclude any offer of employment, or may result in the withdrawal of an employment offer, or may result in discharge from employment if I am already employed at the time the misrepresentation or omission is discovered.

I hereby authorize the release from liability any former employer, educational institution, or other person or institution to questions pertaining to information in the application, and to release the details of my work, skills, or action in any transaction and to provide documentary evidence thereof to the Municipality. Further, I release the Municipality from liability that might result from an investigation.

I understand that the use of this application does not indicate there are positions available, nor does it imply or create an employment contract. I understand that the only employment contracts are those specifically authorized by Municipality management which have been reduced to writing and have been executed by both the employee and an authorized representative of the Municipality. Accordingly, I understand that no employment contract, either expressed or implied, for any period, is created hereby should the Municipality hire me.

If hired, I understand that my employment is at-will (*just cause* for union employees), and can be terminated at any time, with or without notice, for any reason at the option of either the Municipality or me. Should the Municipality hire me, I agree to observe all the Municipality's policies, practices and procedures currently in existence and new and revised ones, which be issued in the future.

Signature \_\_\_\_\_ Date \_\_\_\_\_