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.

YOU MUST ANSWER ALL QUESTIONS COMPLETELY AND TRUTHFULLY. FAILURE TO DO SO WILL RESULT IN REJECTION OR YOUR APPLICATION (YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT), OR, IF NOT DISCOVERED UNTIL LATER DATE, MAY RESULT IN DISCIPLINE OR DISCHARGE FROM EMPLOYMENT.

Position(s) Applied For: _____

Name: _____
(LAST) (FIRST) (MIDDLE)

Address: _____
(STREET) (CITY) (STATE) (ZIP CODE)

Telephone Number: _____
(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, please 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:
_____
_____
_____

(Please 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.)

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.

_____
_____
_____

EDUCATION

	High School	Vocation/Technical	College	Graduate
School Name & City/State				
Did you graduate? (If not, number of credit 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.

_____
_____
_____

List professional, trade, business group membership and officer held and volunteer work excluding group names that 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.

_____
_____
_____

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 dishonorably discharge? 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: _____ Reason for Leaving: _____
Work Performed: _____
_____

Employer: _____
Address: _____ Phone: _____
Start Date: _____ End Date: _____
Job Title: _____
Hourly Rate/Salary Start: _____ End: _____
Supervisor: _____ Reason for Leaving: _____
Work Performed: _____
_____

Employer: _____
Address: _____ Phone: _____
Start Date: _____ End Date: _____
Job Title: _____
Hourly Rate/Salary Start: _____ End: _____
Supervisor: _____ Reason for Leaving: _____
Work Performed: _____
_____

Employer: _____
Address: _____ Phone: _____
Start Date: _____ End Date: _____
Job Title: _____
Hourly Rate/Salary Start: _____ End: _____
Supervisor: _____ Reason for Leaving: _____
Work Performed: _____
_____

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 former employers regarding the disclosure of disciplinary reports, letters of reprimand, or any other notices of disciplinary action contained in my personnel records (even if more than four (4) years old). This waive 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) years old) and release all parties from any liability for any damages that may result from furnishing such inquiries.

   Signature _____ Date _____

4. 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, letters of reprimand or any other notices of disciplinary action when such information is requested by any prospective or subsequent employers without any obligation (by them or the City) to give me any notice of such disclosure.

   Signature _____ Date _____

5. 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 the background investigation (when applicable based on the position sought).

   Signature _____ Date _____

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

   Signature _____ Date _____

Applicants for NON-UNION positions read and sign paragraph 7. Do not sign paragraph 8.
Applicants for 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 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 orally 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 regulations of the City of Ironwood. I further acknowledge I will be on probationary status for a minimum of _____ days from the date of my hire. As a probationary employee, I understand my employment and compensation can be terminated at any time with or without

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 statues, must be filled within six (6) 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 NINE (9) INDIVIDUAL STATEMENTS, AS INDICATED ABOVE.

Signature _____ Date _____

ACKNOWLEDGEMENT

Please read carefully before signing.

I acknowledge and agree that all statements made herein are subject to investigation and confirmation by the City 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 any 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 City of Ironwood. Further, I release the City of Ironwood 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 the City of Ironwood management which have been reduced to writing and have been executed by both the employee and an authorize representative of the City of Ironwood. Accordingly, I understand that no employment contrite, either expressed or implied, for any period, is created hereby should the City of Ironwood 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 City of Ironwood or me. Should the City hire me, I agree to observe all the City's policies, practices, and procedures currently in existence and new revised ones, which be issued in the future.

Signature _____ Date _____