

**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, gender identity, sexual orientation, religion, national origin, age, height, weight, marital status, veteran status, disability, or any other protected category.

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.
--

Position(s) Applied for. _____

Name _____
 (LAST) (FIRST) (MIDDLE)

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

Telephone _____
 (PRIMARY) (SECONDARY)

Driver’s License No. _____ State _____

Email Address _____

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

If Yes, Name: _____ 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 legally authorized to work in the United States? 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 without reasonable accommodation (special assistance, equipment, or other help), the activities involved in the job or occupation for which you have applied? Yes ___ No ___

If no, what accommodations are necessary to perform the essential functions of the job?

EDUCATION

	High School	Vocation/Technical	College	Graduate School
School Name, City/State				
Did you graduate?	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.

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? _____
Date of discharge _____

Rank at discharge _____
Were you honorably discharged? Yes ___ No ___

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

REFERENCES

(Do not include relatives)

Name	Address	Telephone Number

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: _____
May we contact this employer? Yes ___ No ___ If no, please explain: _____

Employer: _____
Address _____ Phone: _____
Start Date: _____ End Date: _____
Job Title: _____
Hourly Rate/Salary Start: _____ End: _____
Supervisor: _____ Phone: _____
Reason(s) for Leaving: _____
Work Performed: _____
May we contact this employer? Yes ___ No ___ If no, please explain: _____

Employer: _____
Address _____ Phone: _____
Start Date: _____ End Date: _____
Job Title: _____
Hourly Rate/Salary Start: _____ End: _____
Supervisor: _____ Phone: _____
Reason(s) for Leaving: _____
Work Performed: _____
May we contact this employer? Yes ___ No ___ If no, please explain: _____

Employer: _____
Address _____ Phone: _____
Start Date: _____ End Date: _____
Job Title: _____
Hourly Rate/Salary Start: _____ End: _____
Supervisor: _____ Phone: _____
Reason(s) for Leaving: _____
Work Performed: _____
May we contact this employer? Yes ___ No ___ If no, please explain: _____

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.
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.
3. I authorize the references 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.
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, 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.
5. I understand that the City of Ironwood is an equal opportunity Provider, Employer, and Housing Employer/Lender and complies with Title VI Non-discrimination requirements.
6. 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).
7. I have read the attached job description. If employed, I understand that if I am or become disabled and in need of accommodation for employment, I must notify the City in writing within 30 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 person with a disability.
8. 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 (Title VI) 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.

I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF EACH OF THE EIGHT (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 authorize 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 may be issued in the future.

Signature _____ Date _____