

**APPLICATION FOR EMPLOYMENT
CITY OF ADRIAN**

(An Equal Opportunity Employer)

(PLEASE PRINT)

Last Name	First Name	Middle Name
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Social Security Number: _____ Phone No.: _____

Present Address: _____

Length of Time at this Address: _____

How Long Do You Expect to Live in this Area? _____

Position(s) Applied For: _____

Rate of Pay Desired: _____

When Can You Start? _____ Anticipated Ending Date: _____

Are You 18 Years of Age or Older? _____

Have you ever been convicted of a crime, including any alcohol-related traffic crimes? _____

If so, when, where and nature of offense? _____

Person to be notified in case of accident or emergency:

Name: _____ Phone Number: _____

Address: _____

Do you have a valid Michigan Driver's License? _____ If yes, Driver's License No.: _____

Do you have a valid Driver's License from another State? _____

If yes, identify the State and Driver's License Number? _____

Have you previously filed an Employment Application with the City of Adrian? _____ If so, when? _____

Have you ever been dismissed from or asked to resign from any employment position? Yes _____ No _____

If yes, explain: _____

PERSONAL REFERENCES
(Not Former Employers or Relatives)

NAME AND OCCUPATION	ADDRESS	PHONE #
	STREET	WORK #
	CITY	HOME #
	STATE ZIP	
	STREET	WORK #
	CITY	HOME #
	STATE ZIP	
	STREET	WORK #
	CITY	HOME #
	STATE ZIP	

List any Friends or Relatives working for the City of Adrian: _____

**List below your present and past employment,
beginning with your most recent employer.**

DATE(Mo & Yr.)	EMPLOYER NAME & ADDRESS (Type of Business)	LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
From ____ To ____ Describe the Work You Did:	_____ _____ _____			
From ____ To ____ Describe the Work You Did:	_____ _____ _____			
From ____ To ____ Describe the Work You Did:	_____ _____ _____			

Are there any other experiences, skills or qualifications which you feel would especially qualify you for work with the City of Adrian? (Applicants are invited to submit resumes or other pertinent information in written form.) _____

In your own handwriting please comment upon your abilities, and why you wish to work for the City of Adrian. _____

RECORD OF EDUCATION
 (Include current course of study or training)

Name, City & State of Educational Institution	Years Attended?	Graduated?				
High School:	From: To:	Yes No	Extracurricular activities: Offices, Honors, Awards:			
Name, City & State of	Years Attended	Graduated?	If No Degree Credits Earned	Type of Degree Received/Expected MO YR	Major/Sem Hrs. Minor/Sem Hrs.	Overall Grade Pt.
College or University:	From: To:	Yes No				
	From: To:	Yes No				
	From: To:	Yes No				
Extracurricular Activities:						
Offices, Honors:						

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? _____ If yes, what branch? _____

Date of Duty: From: Mo ____ Day ____ Year ____ to Mo ____ Day ____ Year ____

Rank at Discharge _____ Type of Discharge _____

List Duties in the Service. Include Special Training: _____

CERTIFICATIONS

Lifeguarding Expiration Date _____

CPR for Professional Rescuer Expiration Date _____

Community CPR Expiration Date _____

Food Handler Card Expiration Date _____

Other (Please list):
 _____ Expiration Date _____

Expiration Date _____

PLEASE READ AND SIGN BELOW

I certify the facts set forth in this application of employment and in my resume are true and complete.

I hereby authorize the City of Adrian (Hereinafter referred to as "The City") to contact all my former and current employers, educational institutions, military entities, and other references I have provided regarding me and my performance record and work, academic and/or military experience. I also hereby release The City and its employees, city commission, elected officials and agents, and all of my former and current employers, educational institutions, military entities, and the other references I have provided, from any and all liability and damages for releasing or using information concerning me and my performance record and work, academic and/or military experience. I also hereby waive any right under the Bullard-Plawecki Right to Know Act, 1978, PA 397, to receive written notice from The City or any former or current employer, that disciplinary reports, letters of reprimand, or other disciplinary action taken against me while employed, will be or have been disclosed to a third person or entity.

I agree not to commence any action or suit relating to my employment with The City more than 30 days after the date of termination of such employment, and to waive any statute of limitations to the contrary.

If I am employed, I understand that additional personal data will be required for determination of benefit eligibility and for statistical purposes.

I will abide by all policies, rules and regulations of the City of Adrian.

Signature

Date