

APPLICATION FOR EMPLOYMENT

We welcome you as an applicant for employment. Your application will be considered in competition with others for positions available with this company. Please furnish us with complete information to assist us in giving you fair and appropriate consideration. All information will be considered personal and confidential. We appreciate your cooperation.

PERSONAL INFORMATION:

Date _____

Name:

First

Middle

Last

Social Security Number

Address:

Street

City

State

Zip Code

Phone number to make contact with you. _____

Are You Over 18 years of age? _____

EMPLOYMENT DESIRED:

Position Applied For:

First Choice

Second Choice

Date you can Start: _____

Salary Desired _____

Are You Employed Now? _____

If so, may we inquire of your present employer? _____

Have you ever applied to the City before? _____

When? _____

EDUCATION:

Name & Location of School	Years Attended	Date Graduated	Major
Grade School			
High School			
College			
Trade or Business School			

(The age discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age. No specific educational requirements are imposed for employment purposes.)

PHYSICAL RECORD:

Do you have any physical defects that preclude you from performing any work for which you are being considered? If so give details: _____

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting discrimination on the basis of an applicant's sex or minority status. Questions directly or indirectly reflecting such status have been included only where needed to determine a bona fide occupational qualification or for other permissible purposes. Such questions are appropriately noted on the application. Notwithstanding these efforts, the City does not assume responsibility and hereby disclaims any liability for inclusion in this form, of any questions upon which a violation of State and Federal fair employment practice laws may be based.

EMPLOYMENT HISTORY:

Beginning with your most recent position, list all employment. Attach supplementary sheet if more space is needed.

Date		Name & Address Of Employer	Position	Reason for Leaving	Salary	
From Mo-Yr.	To Mo-Yr.				Beginning	Leaving

Have you had supervisory experience? _____ Number Supervised _____

REFERENCES:

List the names below of 3 people who know you well, not mere acquaintances. Do not list relatives of or former employers.

Name	Address	Telephone	Occupation
1			
2			
3			

ADDITIONAL QUALIFICATIONS:

You may, if you wish, list additional information regarding your qualifications.

TO BE READ AND SIGNED BY APPLICANT

I hereby authorize the City of White Lake to investigate all statements contained in this application.

I understand that misrepresentations or omissions of facts called for is cause for dismissal.

I understand that a physical examination may be required before I can become a regular employee.

I certify that as a condition of my employment, that all information given on this application is correct; that I will comply with all rules and regulations of the City of White Lake that are in effect now and any others that may be instituted at a later date and that I will follow all health and safety regulations including the use of safety equipment at all times on the job.

Signature _____

RACE AND ETHNICITY DATA COLLECTION

Title VI of the Civil Rights Act of 1964 requires "Race and Ethnic" data collection from beneficiaries of federally assisted programs. Please note "Disclosure Clause below:

"The following information is requested by the federal government for certain types of loans and grants in order to monitor compliance with Federal Civil Rights laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in the evaluation of your application and the law requires that a program recipient may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations, this program representative is required to note race/ethnicity on the basis of visual observation or surname".

If you do not wish to provide the information, please check the box below:

☐ I do not wish to furnish this information.

Ethnicity: (Mark Only One)

☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race: (Mark one or more)

☐ American Indian/Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

Gender:

☐ Male ☐ Female

☐ Information provided by Management.