



# FREMONT Michigan

*"NOW AND ALWAYS -- A Fine City • A Great Community"*

## APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Type or print in ink. Complete all questions in detail. Attach additional pages, if necessary, and documents requested. Separate applications are required for each classification or position in which you are interested. Applicants are considered for all positions as the City of Fremont is an equal opportunity employer. We do not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, disability, national origin, military service, genetic information, or any other characteristic protected by federal, state, or local laws. Neither do we tolerate discrimination or harassment based on protected characteristics from supervisors, co-workers, clients, or customers. Any job offer is conditioned on the results of a medical examination, drug screening and background investigation. If you need special equipment or accommodations to participate in the selection process, or to perform the essential duties of the position (as listed in the job posting/job description), please inform us when you return your application.

**POSITION OR CLASSIFICATION APPLIED FOR:** \_\_\_\_\_

### IDENTIFICATION

NAME: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS: \_\_\_\_\_  
(NUMBER) (STREET) (P.O. BOX) (APT. #)  
\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

PHONE: (Home): (\_\_\_\_\_) (Alternate): (\_\_\_\_\_) Best Time to Call: \_\_\_\_\_

If you are applying for a position which involves driving a motor vehicle, identify:

DRIVER'S LICENSE NO.: \_\_\_\_\_ Type: \_\_\_\_\_ Exp. Date \_\_\_\_\_ Issuing State: \_\_\_\_\_

Describe all traffic-related offenses that are currently on your driving record:

### GENERAL INFORMATION

EMPLOYMENT DESIRED: Full-Time Part-Time Temporary Seasonal Date Available: \_\_\_\_\_

Do you have any relative (by blood, marriage or adoption) who is a current or former employee of the City? Yes No

If "Yes," name of employee: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ Are you under the age of 18? Yes No If "Yes", what is your age?

Are you a U.S. Citizen? Yes No Are you a Permanent Resident Alien?  Yes  No

If a Permanent Resident Alien, what is your Registration Number? \_\_\_\_\_

Review the DESCRIPTION OF WORK section of the Job Announcement for the position / classification for which you are applying. Can you perform the duties of the job in which you wish to be employed with or without accommodation? \_\_\_\_ Yes \_\_\_\_ No

If accommodation is requested, how would you perform the tasks and with what accommodation? \_\_\_\_\_

Have you ever been convicted of any crime, either misdemeanor or felony?      Yes      No

If "Yes," describe when, where and nature of offense and its disposition: \_\_\_\_\_

Are there any felony charges pending against you?      Yes      No      If "yes," describe in full detail: \_\_\_\_\_

NOTE: Conviction or felony charges do not automatically mean you cannot be appointed. What you were convicted of and how long ago are important. Give us all the facts so that an informed decision can be made.

### EDUCATION

INSTITUTION	NAME AND LOCATION	DATES ATTENDED		If You Graduated, Type of Degree	Grade Point Average	Major	Minor	If no Degree, Credit Hours Earned
		From:	To:					
HIGH SCHOOL								
COLLEGE								
POST-GRADUATE								
BUSINESS, TRADE, VOCATIONAL OR MILITARY EDUCATION OR OTHER TRAINING								

### SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work for our City. Include any professional licenses or certifications you hold.

## EMPLOYMENT HISTORY

**DIRECTIONS:** Carefully review the qualifications on the job announcement. If work experience or specific skills are listed as qualifications, you must describe how you meet the qualifications by listing your work experience, skills, etc. in this Section of the application. **BE COMPLETE AND SPECIFIC. RESUMES MAY BE ATTACHED, BUT SHALL NOT SUBSTITUTE FOR COMPLETION OF THIS SECTION.** Begin with your present or last position. List promotions or changes from part-time to full-time work hours with the same employer separately. Include work in the U.S. Armed Forces & attach a copy of your discharge certificate. Attach extra pages if necessary to provide a complete work history. Describe how you qualify for the position you are seeking.

Employer	Telephone (    )	Dates Employed		Summarize the nature of the work performed & job responsibilities:
		From:	To:	
Address				
Job Title		Hourly Rate / Salary		
		Starting:		
Immediate Supervisor & Title		\$	Per	
Reason for Leaving		Hourly Rate / Salary		
		Final:		
May we contact for reference?    Yes                      No			Per	
Employer	Telephone (    )	Dates Employed		Summarize the nature of the work performed & job responsibilities:
		From:	To:	
Address				
Job Title		Hourly Rate / Salary		
		Starting:		
Immediate Supervisor & Title		\$	Per	
Reason for Leaving		Hourly Rate / Salary		
		Final:		
May we contact for reference?    Yes                      No		\$	Per	
Employer	Telephone (    )	Dates Employed		Summarize the nature of the work performed & job responsibilities:
		From:	To:	
Address				
Job Title		Hourly Rate / Salary		
		Starting:		
Immediate Supervisor & Title		\$	Per	
Reason for Leaving		Hourly Rate / Salary		
		Final:		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Per	
Employer	Telephone (    )	Dates Employed		Summarize the nature of the work performed & job responsibilities:
		From:	To:	
Address				
Job Title		Hourly Rate / Salary		
		Starting:		
Immediate Supervisor & Title		\$	Per	
Reason for Leaving		Hourly Rate / Salary		
		Final:		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Per	

**PERSONAL REFERENCES**  
**(Not a Relative or Former Employer)**

List name, address & telephone number of three business / work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

<u>Name</u>	<u>Mailing Address &amp; Zip</u>	<u>Phone</u>	<u>Relationship to You</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

List membership in professional, trade, business or civic association and any office held. Exclude memberships that would reveal gender, race, religion, national origin, age, color, disability or other protected status.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List special accomplishments, publications, awards, etc. Exclude information that would reveal a protected class status as noted above.

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**ACKNOWLEDGMENTS AND RELEASES**

I certify that all information contained in this application is true and complete to the best of my knowledge. I agree and understand that any misstatement or falsification of information provided by me, whether oral or written, will result in my forfeiting any rights to consideration for employment with the City of Fremont or, if employed, being subject to immediate termination.

I authorize the City of Fremont to verify any of the information reported on the application with the listed schools, references and previous employers without providing written notice to me. I release the City from any liability in connection with such use or disclosure.

If hired, I will serve at the will of the City and I agree that I shall be bound by the rules, policies, regulations, terms and conditions of employment of the City of Fremont as they are from time-to-time amended with or without notice to me. I agree that the City may terminate the employment relationship, with or without cause, and the City's right to so terminate may be altered only in writing directed to me personally by the City Manager, and only as determined by the City Council.

I agree that any lawsuit against the City of Fremont arising out of my employment or termination of employment including, but not limited to, claims arising under State or Federal civil rights statutes must be brought within one year of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

I further agree that any offer of employment, or my actual employment, is conditioned on the results of my pre-employment medical examination, drug screening and background investigation.

This application is valid for six (6) months. At the conclusion of this time, if I have not heard from the City and still wish to be considered for employment, it will be necessary to complete a new application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_