

CITY OF HANCOCK

An equal opportunity employer.

APPLICATION FOR EMPLOYMENT

Date _____

Full time Annual
 Part time Seasonal
 Temporary

Position Applied For 1. _____
 2. _____

PERSONAL

Name: _____
Last First Middle

* The disclosure of this number is voluntary. If hired, it is mandatory that you provide this number for withholding taxes, medical insurance, and identification purposes, pursuant to 26 USCA Sections 6051 and 3402 (f) (5).

Address _____ Telephone No. _____
Number and Street City State Zip

Citizen of U.S.? Yes No If No, type of Visa _____

Condition of Health _____ Have you had a serious illness in the past 5 years? Yes No
Describe _____

Have you ever received compensation for injuries? Yes No Explain _____

Do you have any physical handicaps which would prevent you from performing specific kinds of work? Yes No

If yes, describe the defect (s) and explain the work limitations _____

In case of an emergency notify _____
Name

Address Telephone

Do you have relatives working here? Yes No If Yes, state relationship, position at City of Hancock.

Have you ever been convicted of an offense greater than a minor traffic violation? Yes No

If Yes, give particulars _____

EDUCATION

Circle highest grade completed – Give details below

Grade School High School College or University Trade or Technical School
 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	Years		GRADUATE	COURSES SPECIALIZED IN	AVERAGE GRADE
		From	To			
High School						
College						
Other (Give Type)						

EMPLOYMENT HISTORY

DATES MO. YR. SALARY	EMPLOYER (LIST MOST RECENT FIRST)	
From	Name	Title of Job and Duties
To	Address	
Beginning Salary	Type of Business	
Final Salary	Supervisor's Name	
		Reason for Leaving
From	Name	Title of Job and Duties
To	Address	
Beginning Salary	Type of Business	
Final Salary	Supervisor's Name	
		Reason for Leaving
From	Name	Title of Job and Duties
To	Address	
Beginning Salary	Type of Business	
Final Salary	Supervisor's Name	
		Reason for Leaving
From	Name	Title of Job and Duties
To	Address	
Beginning Salary	Type of Business	
Final Salary	Supervisor's Name	
		Reason for Leaving

Other places at which you have been employed. Give company name and dates of employment.

Minimum Salary Acceptable _____

If hired, on what date will you be available for work? _____

Have you even been suspended or discharged from any position? Yes No If yes, give particulars _____

May we contact your current/former employer if you are being seriously considered for a position? Yes No

Have you ever been employed by the City of Hancock; If so, where and when? _____

Please list any special qualifications or abilities that you have and positions for which you are fully qualified.

UNITED STATES MILITARY EXPERIENCE

Branch of United States Military Service _____

Date of Induction _____ Date of Discharge, Rank _____

Type of work done in service _____

Reserve Status _____ Selective Service Classification _____

Have you a disability rating from the U.S. Veterans Administration? Yes No

If yes, what percent _____ Give reason _____

ADDITIONAL INFORMATION

List honor or scholastic societies to which you belong* _____

List extracurricular activities while in high school or college* _____

List offices you have held in school or community organizations* _____

PERSONAL REFERENCES

NAME	OCCUPATION	ADDRESS
1.		
2.		
3.		

*Exclude any organization the name or character of which indicates the race, creed, color, religion, or national origin of its members.

The filing of an application does not imply that the applicant will eventually be engaged but that the applicant will be considered, when a vacancy occurs, in competition with other applicants.

Many of the positions will require applicants to take competitive tests in addition to interviews, evaluation of experience, and recommendations of former employers.

All applicants will be given equal opportunity regardless of race, color, religion, national origin, ancestry, sex or partisan considerations.

Applications will be kept on file only six (6) months unless renewed by you.

If accepted for employment, you will be required in compliance with State laws to make the following affirmation: "I do solemnly swear (or affirm); that I will support the constitution of the United States of America and the constitution of the State of Michigan and that I will faithfully discharge the duties of my position according to the best of my ability." Would you be willing to make such an affirmation? Yes No

EMPLOYMENT APPLICATION STATEMENT

I hereby represent that each answer is truthful and constitutes a full and complete disclosure of my knowledge with respect to the question and I understand that my misrepresentation of facts shall constitute cause for dismissal regardless of when discovered by the City of Hancock.

I hereby authorize my former employers to give any information they may have regarding my employment with them, and I understand that any offer made to me will be contingent upon my being approved for work by a physician designated by the City of Hancock.

In the event that I am employed by the City of Hancock, I agree to comply with all its rules and regulations.

Signature

FOR OFFICE USE ONLY

For Employee Relations Use:

Interviewed by _____ Date _____

Comments: _____

For Departmental Use:

Interviewed by _____ Date _____

Comments _____

Former Employer Reference Check — Telephone Mail Date _____

By _____ Comments: _____

