

APPLICATION FOR EMPLOYMENT

City of Chelsea
305 S. Main Street, Suite 100
Chelsea, MI 48118
(734) 475-1771

AN EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS:

Please print the requested information in the spaces provided below.

Date of Application: _____
Month/Day/Year

Date available to begin work: _____
Month/Day/Year

PERSONAL INFORMATION

Last Name	First	Middle	Social Security Number
Street Address			Home Telephone () -
City, State, Zip			E-mail Address
Are you legally eligible for employment in the U.S.??*		Are you 18 years or older?	
If related to anyone in our employ, state name and relationship to you.			
Have you ever been convicted of a crime? (A criminal conviction record will not necessarily prohibit you from being employed.)		<input type="checkbox"/> YES (explain)	<input type="checkbox"/> NO
If YES, please list date, place and nature of offense.			
Are there any felony charges presently pending against you?		<input type="checkbox"/> YES (explain)	<input type="checkbox"/> NO

* The City of Chelsea conforms to the Immigration Reform and Control Act of 1986, which requires you to furnish documentation showing your identity and legal authorization to work in the United States once you have been offered employment.

EMPLOYMENT DESIRED

POSITION(S) APPLIED FOR: _____	DEPARTMENT(S):	Police <input type="checkbox"/>	Solid Waste <input type="checkbox"/>
		Public Works <input type="checkbox"/>	Mechanic/Garage <input type="checkbox"/>
		Electric <input type="checkbox"/>	Administration <input type="checkbox"/>
		Water <input type="checkbox"/>	Office <input type="checkbox"/>
		Wastewater <input type="checkbox"/>	Other <input type="checkbox"/>
PAY/SALARY DESIRED: _____			
Kind of work sought? Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Seasonal <input type="checkbox"/>	_____
If part-time or seasonal, please specify days, hours or time of year sought: _____			
Have you ever worked for another governmental entity? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, reason for leaving: _____			

EDUCATION

Applicants for certain positions may be required to provide transcripts.

EDUCATION	Name and Location of School	No. of Years Completed	Subjects Studied	Degrees Earned
High School				
College/ University				
Vocational/ Trade/Graduate School				

GENERAL

Do you have any special training skills, qualifications, licenses, certifications or other experiences that relate to the position(s) applied for?

A current drivers license is required for certain positions in the following departments: Police, Public Works, Electric, Water and Garage.

If you are applying for a position in a listed department, do you presently have a valid Michigan drivers license: YES NO

Type of License: Operators License Chauffeur's License Commercial Drivers License (CDL)

Endorsements: _____ Expiration Date _____ Current Number of Points _____

(A license check will be conducted for applicants for positions requiring a current drivers license.)

Are you certified or have you completed the Michigan Commission on Law Enforcement Standards (MCOLES) basic police training to be a certified law enforcement officer in the State of Michigan? YES NO

U.S. Military Service:

Branch of Service _____ From _____ To _____

Rank or Rating _____ Type of Discharge _____

PHYSICAL RECORD

In case of emergency, notify:

Name Address Telephone Number

Medical Examinations. In accordance with applicable legal requirements, the City of Chelsea may require job applicants to undergo a medical examination after an offer of employment has been made and prior to the commencement of employment duties, and may condition the offer of employment on the results of such examination.

I HEREBY CERTIFY THAT I AM NOT CURRENTLY ENGAGED IN THE ILLEGAL USE OF DRUGS. I understand that as a condition of employment, I may be required to take a pre-employment drug test for the illegal use of drugs which may include the collection of urine samples from my person. I agree that the results of this test may be submitted to the City of Chelsea or its authorized representative, and I expressly release the collection agency and the testing laboratory from any and all liability for performing the requested test, and for communicating the results to the City. I understand that if the results of any pre-employment drug test are positive, it will be cause for rejection of my application or, if I am hired, that my employment with the City may be immediately terminated.

Applicant's Signature _____

EMPLOYMENT INFORMATION

Have you ever been discharged or requested to resign any job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please explain circumstances _____		

Are you presently employed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

FORMER EMPLOYERS

Please give an accurate, complete, full-time and part-time employment record. Start with present, or most recent employer. (List additional employers on a separate sheet, if necessary.)

Please Print All Information

1	Company Name	Telephone () -
	Address City/State	Employed (List Month and Year) From To
	List Your Job Title and Responsibilities	Reason for Leaving

2	Company Name	Telephone () -
	Address City/State	Employed (List Month and Year) From To
	List Your Job Title and Responsibilities	Reason for Leaving

3	Company Name	Telephone () -
	Address City/State	Employed (List Month and Year) From To
	List Your Job Title and Responsibilities	Reason for Leaving

4	Company Name	Telephone () -
	Address City/State	Employed (List Month and Year) From To
	List Your Job Title and Responsibilities	Reason for Leaving

5	Company Name	Telephone () -
	Address City/State	Employed (List Month and Year) From To
	List Your Job Title and Responsibilities	Reason for Leaving

REFERENCES

Please give the names of 3 persons, not related to you, whom you have known for over a year.

NAME	ADDRESS	TELEPHONE	BUSINESS	YEARS KNOWN

SIGNATURE

(Read Carefully Before Signing)

- I certify that the answers and information given by me in this application are true, correct and complete without qualification. I understand that the City of Chelsea has the right to refuse to hire or immediately discharge me, at any time, if it discovers that I have provided incomplete, untrue, or misleading answers or information in this application or on any other documents or forms submitted at any time during my employment.
- I hereby authorize the City of Chelsea to verify the answers and information given by me in this application and to make any investigation or my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions, and any other third party contacted by the City to release to the City any information they have regarding me without providing written notice to me.
- I authorize the City of Chelsea to use any information in its possession concerning me for any purpose it deems appropriate, including disclosure of information to any third party, future employer or prospective future employer without notification to me of such disclosure, and I release the City from any liability in connection with such use or disclosure.
- If I am hired by City of Chelsea, I understand and agree that I will be bound by the rules, regulations, policies, procedures, and other terms and conditions of employment of the City, as they are from time-to-time changed, with or without notice.
- If I am hired by City of Chelsea, I understand that I have the right to terminate my employment at any time and for any reason, with or without notice. I further understand that, except as set forth in any collective bargaining agreement, the City can terminate the employment relationship at any time for any lawful reason, with or without cause, with or without notice. This employment relationship exists regardless of any other written statements or policies or any other City document or any verbal statements to the contrary. No one except the Mayor can enter into any kind of employment relationship or agreement which is contrary to the above. To be enforceable, any employment relationship or agreement which is contrary to the above must be in writing and personally signed by a Mayor, and be attested by the City Clerk.
- I agree not to commence any action or claim relating to my employment with the City of Chelsea or this application for employment more than six (6) months after the date of the challenged action or this application, and to waive any statute of limitations to the contrary.

Applicant's Signature _____

Date _____