

# CITY OF MONTAGUE APPLICATION FOR EMPLOYMENT

Return to: City of Montague  
8778 Ferry Street  
Montague, MI 49437  
(231) 893-1155

The City of Montague is an Equal Opportunity Employer that welcomes male and female applicants of all backgrounds.

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**READ THIS FORM CAREFULLY AND FOLLOW ALL INSTRUCTIONS.**

FAILURE TO COMPLETE THIS APPLICATION IN ITS ENTIRETY MAY RESULT IN THE REJECTION OF YOUR APPLICATION AND ELIMINATE YOU FROM FURTHER CONSIDERATION AS A JOB CANDIDATE.

**Please PRINT the requested information in the spaces provided. Use blue or black ink. Do NOT use pencil.**

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Date of Application: \_\_\_\_\_  
Month/Day/Year

Date available to begin work: \_\_\_\_\_  
Month/Day/Year

Position(s) Applied For: \_\_\_\_\_

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## PERSONAL DATA

\_\_\_\_\_  
Last Name                      First                      Middle                      Social Security Number

\_\_\_\_\_  
Address    (Apt. No.) or (P.O. Box No.)                      (\_\_\_\_\_) Primary Phone Number

\_\_\_\_\_  
City, State, Zip    (\_\_\_\_\_) Alternative Phone Number

In case of emergency, notify:

\_\_\_\_\_  
Name                                      Address                                      (\_\_\_\_\_) Phone

Are you a citizen of the United States? Yes ( ) No ( )

If not, do you have the legal right to be employed in the United States? Yes ( ) No ( )  
(Under the Immigration Reform & Control Act of 1986 you must verify you are an authorized alien.  
If you cannot, any offer of employment will be rescinded.)

Are you 18 years or older? Yes ( ) No ( )

Have you been employed by the City of Montague previously? Yes ( ) No ( )

If yes, what department(s) and date(s)? \_\_\_\_\_

Do you have any relatives who are employees of the City of Montague? Yes ( ) No ( )

If yes, indicate name(s) and relationship(s) to you: \_\_\_\_\_

Are you a Veteran of the Armed Forces of the United States? Yes ( ) No ( )

If yes, branch of service: \_\_\_\_\_ Dates of Duty: From \_\_\_\_\_ To \_\_\_\_\_

Date of Discharge: \_\_\_\_\_ Did you receive a dishonorable discharge? Yes ( ) No ( )

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Have you ever been convicted of a felony? Yes ( ) No ( )

If yes, complete the following:

Date \_\_\_\_\_ Offense \_\_\_\_\_ Place \_\_\_\_\_ Disposition (e.g., probation, jailed, etc.) \_\_\_\_\_

### EDUCATION

Type of School	Name & Location	Major(s)	Degree Received	Applicable Course Work	Total Credits
Have you received your High School Diploma or GED Certificate Yes ( ) No ( )					
College/University (Undergraduate)					
College/University (Graduate)					
Other (Specify)					
Other (Specify)					

### DRIVER'S LICENSE INFORMATION

Driver's License No. \_\_\_\_\_ Expiration date \_\_\_\_\_

Issued by what State \_\_\_\_\_ Is your license currently valid? Yes ( ) No ( )

License Type (e.g., Operator or Chauffeur) \_\_\_\_\_ Do you have a Commercial Driver's License? Yes ( ) No ( )

If yes, CDL Type \_\_\_\_\_ Have you held a driver's license from any other State in the past two years? Yes ( ) No ( )

If yes, complete the following: State of \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Applicant Name: \_\_\_\_\_

### EMPLOYMENT HISTORY

(List present position or most recent place of employment first.)

Company Name	Supervisor	Telephone ( ) _____ - _____
Address	City/State	Zip Code
List your Job Title & Responsibilities	Employed (List Month & Year) From: To:	
	Number of Hours averaged per Week	
Name you were employed under if different from name shown on City of Montague application.	Reason for Leaving	

Company Name	Supervisor	Telephone ( ) _____
Address	City/State	Zip Code
Employed (List Month & Year) From:		To:
List your Job Title & Responsibilities		Number of Hours averaged per Week
Name you were employed under if different from name shown on City of Montague application.		Reason for Leaving

Company Name	Supervisor	Telephone ( ) _____
Address	City/State	Zip Code
Employed (List Month & Year) From:		To:
List your Job Title & Responsibilities		Number of Hours averaged per Week
Name you were employed under if different from name shown on City of Montague application.		Reason for Leaving

### REFERENCES

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

Name	Address	Telephone (Include area code. Indicate home/ office.)	Occupation	Years Known

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

If yes, please explain:

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We may contact the employers listed in your Employment History unless you indicate those you do not want us to contact.	
DO NOT CONTACT: Employer	_____
Reason	_____
	_____

I understand that by completing this application there is no guarantee of a job interview or a job offer. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the City. I understand that nothing in this employment application, in the City's statements or personnel guidelines or in my communications with any City official or representative is intended to create an employment contract between the City and me. I understand that if an employment relationship is established, I have a right to terminate my employment at any time. I understand that the City retains the right to terminate my employment at any time. I also understand that the City has the right to modify its policies without giving me any notice of the change(s).

I hereby authorize the City of Montague to verify all the information I have provided on my application. I also agree to execute, as a condition of employment or continued employment, any additional written authorizations necessary for the City to obtain access to and copies of records pertaining to this information. I expressly authorize the City of Montague to contact any of my prior employers and release all of those prior employers and the City of Montague from any and all liability arising from their giving information about my employment history. I authorize the City to perform a criminal history and background check.

State and Federal Law requires the City to make reasonable accommodation to handicapped applicants and employees where the accommodation does not impose an undue hardship on the City. Michigan Law provides that employees and applicants may request an accommodation of their handicap by notifying the City in writing of the need for accommodation within 182 days of the date the individual knows or should know that an accommodation is needed.

I certify that I can and will, upon request, substantiate all statements made by me on this application and that such statements are true, complete and correct to the best of my knowledge. I understand that a false statement, dishonest answer, misrepresentation or omission to any question will be sufficient cause for the rejection of my application, the removal of my name from the eligible list or my immediate discharge should such falsifications or misrepresentations be discovered after I am employed.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Your legal signature; do not print)