

City of Litchfield - Application for Employment

Date: _____ Position/Department: _____

Name: _____ Social Security No.: _____

If you ever worked under a different name, please indicate: _____

Address (include city, state, & zip): _____

Phone: _____ Alternate No.: _____

Are you a United States Citizen? Yes No

Have you ever been employed by the City of Litchfield? Yes No
If yes, what department? _____, from _____ to _____.

Have you ever applied for any position with the City of Litchfield?
 Yes No If yes, please give details: _____

Have you ever had a criminal conviction? Yes No
If yes, explain: _____

If offered employment by the City, when will you be able to work? _____

Can you perform the essential functions of the position which you are applying for with or without reasonable accommodation? Yes No

Do you need reasonable accommodation in order to take a pre-employment test?
 Yes No If yes, state the needed accommodation here. _____

Have you ever been bonded? Yes No If yes, on what jobs? _____

Education

Indicate Highest Year Completed

Grade School 1 2 3 4 5 6 7 8

High School 1 2 3 4

College 1 2 3 4

Last year attended? _____

Where? _____

Specify other _____

If you have a degree, what was your graduation date? _____

Please list your major course(s) of study. _____

What degrees, training, professional licenses, or special skills do you have?

Employment Record

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Please list your past employment history in reverse chronological order.

Employer's Name: _____
Address: _____
Phone Number: _____ Dates Employed: _____
Job Title: _____ Supervisor's Name: _____
Duties: _____
Salary: _____
Reason for Leaving: _____
Are you currently working for this employer? Yes No

Employer's Name: _____
Address: _____
Phone Number: _____ Dates Employed: _____
Job Title: _____ Supervisor's Name: _____
Duties: _____
Salary: _____
Reason for Leaving: _____
Are you currently working for this employer? Yes No

Employer's Name: _____
Address: _____
Phone Number: _____ Dates Employed: _____
Job Title: _____ Supervisor's Name: _____
Duties: _____
Salary: _____
Reason for Leaving: _____
Are you currently working for this employer? Yes No

Employer's Name: _____
Address: _____
Phone Number: _____ Dates Employed: _____
Job Title: _____ Supervisor's Name: _____
Duties: _____
Salary: _____
Reason for Leaving: _____
Are you currently working for this employer? Yes No

Have you ever been discharged, asked, or forced to resign from any position because of misconduct or unsatisfactory service? Yes No
 If yes, give the name and address of the company and provide details of circumstances. _____

Military Service Record

Were you in the US Armed Forces? Yes No
 If yes, what branch? _____ Rank at Discharge _____
 Dates of Duty: _____
 What were your duties in the service? (Please include special training.)

Licenses

Do you have a valid driver's license? Yes No
 Are there any restrictions on it? Yes No
 Driver's License No. _____
 Do you have a valid commercial driver's license (CDL)? Yes No

References

Do not include relatives or previous employers which are listed above.

Name	Years Known	Phone	Address

The information you provide in response to this question may be use, and your prior employers may be contacted, for the purpose of investigating your background as required by State and/or Federal Motor Carrier Safety Regulations. You are hereby notified that you have the following rights regarding the investigation information that will be provided to us pursuant to 49 CFR 391.23 (d) and 9Eo:

1. The right to review information provided by previous employers;
2. The right to have errors in the information corrected by the previous employer and for that Previous employer to re-send the corrected information to the prospective employer;
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the Previous employer and the driver cannot agree on the accuracy of the information

I HAVE READ AND UNDERSTAND THESE RIGHTS.

Applicant's Signature

Have you ever been disqualified under the Federal Motor Carrier Safety Regulations?
 Yes No

Have you ever been convicted of driving under the influence of alcohol, a narcotic drug, amphetamines or methamphetamines or derivatives thereof?
 Yes No

Have you ever tested positive, or refused to test, on any pre-employment drug test administered by an employer to which you applied for, but did not obtain, safety sensitive work covered by DOT drug and alcohol testing rules?
 Yes No

Have you ever experienced the denial, revocation, or suspension of any license, permit or privilege to operate a motor vehicle that has been issued to you?
 Yes No

If “yes” to any of the above, please set forth in detail all facts and circumstances:

APPLICANT’S CERTIFICATION AND AGREEMENT

I certify that all statements on this Application for Employment are made truthfully and without evasion, and further understand and agree that such statements may be investigated, and if found to be false, will be sufficient reason for not being employed, or if employed, will result in my dismissal.

I authorize the references listed in this Application for Employment, and any prior employer, educational institution, or any other persons or organizations to give the City of Litchfield any and all information, or any other pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing any lawful information to the City of Litchfield. I hereby waive written notice that employment information is being provided by any person or organization.

If I am hired, in consideration of my employment, I agree to abide by the rules and practices of the City of Litchfield, including any change made from time to time, and agree that, subject to the provisions of any written agreement to the contrary, my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the City of Litchfield or myself.

If I am selected for hire, I will be offered employment provided I verify that I am authorized to work as required by the Immigration Reform and Control Act of 1986.

If I am a person with a disability who requires an accommodation to perform the job, I must notify the City of Litchfield of that need within 182 days after I know or reasonably should have known that an accommodation was needed. Failure to do so will bar me under state, but not federal law, from alleging that the City of Litchfield has not accommodated me as required by law.

I agree to execute an authorization for the City of Litchfield to secure criminal conviction history from the appropriate law enforcement agency should the City of Litchfield determine it was necessary to do so.

I authorize every medical doctor, physician or other healthcare provider to provide any and all information, including but not limited to, all medical reports, laboratory reports, x-rays or clinical abstracts relating to my previous health history or employment in connection with any examination, consultation, test or evaluation. I hereby release every medical doctor, healthcare personnel and every other person, firm, officer, corporation, association, organization or institute which shall comply with the authorization or request made in this respect from any and all liability. I understand that this release will not be sent to my physician or other healthcare provider until a job offer has been made.

I agree that if a job offer is made to me I will, before commencing employment, take a physical exam and authorize the City of Litchfield or its designated agent(s) to withdraw specimen(s) of my blood, urine or hair for chemical analysis. One purpose of this analysis is to determine or exclude the presence of alcohol, drugs, or other substances. I understand the decisions concerning my employment will be made as a result of this test. I further authorize any physician or entity conducting such testing to release the results of such testing to the City of Litchfield.

I also understand that if I have a protected disability that affects my ability to perform the job I seek, I may ask the City of Litchfield to attempt to make a reasonable accommodation for it. I must make my request in writing to the City Manager as soon as possible after the date I know that accommodation is needed.

If applying for a position that requires driving a Litchfield City vehicle, I authorize the City of Litchfield and its agents the authority to make investigations and inquiries of my driving record.

I understand that my Application will be considered pursuant to the City of Litchfield's normal procedures for a period of 180 days. If I am still interested in employment thereafter, I must reapply.

Additionally, I agree that any lawsuit against the City 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 HAVE READ AND UNDERSTAND THESE ITEMS, AND ACKNOWLEDGE THAT WITH MY SIGNATURE BELOW.

Applicant's Signature

Date

*NOTE: This application is only active for 12 months. Original must be mailed to:

City Clerk
City of Litchfield
221 Jonesville Street
Litchfield, MI 49752-0236

Application will not be considered without original signature page.