



DEPARTMENT OF HUMAN RESOURCES
7900 SOUTH WESTNEDGE AVENUE • PORTAGE, MICHIGAN 49002-5160 (269) 329-4533
www.portagemi.gov/200/Employment

APPLICATION FOR EMPLOYMENT

(PLEASE ANSWER ALL QUESTIONS)

TO APPLICANTS: YOUR INTEREST IN EMPLOYMENT WITH THE CITY OF PORTAGE IS APPRECIATED. COMPLETION OF THIS APPLICATION FOR EMPLOYMENT ASSISTS WITH PROVIDING A CLEAR UNDERSTANDING OF YOUR BACKGROUND AND WORK HISTORY AND WILL AID US IN PLACING YOU IN THE POSITION THAT BEST MEETS YOUR QUALIFICATIONS. FALSE OR MISLEADING STATEMENTS OR OMISSIONS WILL BE CAUSE FOR REJECTION OF THIS APPLICATION OR DISMISSAL AFTER APPOINTMENT.

APPLICATION DATE _____

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

MAILING ADDRESS _____
STREET CITY STATE ZIP

HOME PHONE (_____) _____ BUSINESS/CELL PHONE (_____) _____

EMAIL ADDRESS _____

POSITION(S) APPLIED FOR _____

HOW DID YOU LEARN OF THIS POSITION (GIVE SOURCE)? _____

WHY ARE YOU INTERESTED IN THIS POSITION? _____

WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____, 20____

PREVIOUS EMPLOYMENT WITH US? YES NO IF YES, WHEN _____

DO ANY OF YOUR FRIENDS OR RELATIVES WORK HERE? RELATIVES FRIENDS NO

IF YES, LIST NAME(S) _____

BRIEFLY LIST THOSE EXPERIENCES, SKILLS OR QUALIFICATIONS WHICH YOU FEEL ESPECIALLY QUALIFY YOU

FOR EMPLOYMENT WITH THE CITY OF PORTAGE _____

WOULD YOU PLEASE GIVE US PERMISSION TO COMMUNICATE WITH YOU VIA TEXT TO SCHEDULE PHONE INTERVIEWS AND ON YOUR APPLICATION AS NEEDED? YES NO

**LIST BELOW ALL PRESENT AND PAST EMPLOYMENT BEGINNING WITH YOUR MOST RECENT:
(ANSWER ALL SECTIONS OR PROVIDE RESUME)**

1) EMPLOYER NAME _____ TYPE OF BUSINESS _____
 ADDRESS _____ TELEPHONE (____) _____
 FROM _____ TO _____
 REASON FOR LEAVING _____ POSITION _____
 DESCRIBE THE WORK YOU DID _____
 _____ NAME OF SUPERVISOR _____

2) EMPLOYER NAME _____ TYPE OF BUSINESS _____
 ADDRESS _____ TELEPHONE (____) _____
 FROM _____ TO _____
 REASON FOR LEAVING _____ POSITION _____
 DESCRIBE THE WORK YOU DID _____
 _____ NAME OF SUPERVISOR _____

3) EMPLOYER NAME _____ TYPE OF BUSINESS _____
 ADDRESS _____ TELEPHONE (____) _____
 FROM _____ TO _____
 REASON FOR LEAVING _____ POSITION _____
 DESCRIBE THE WORK YOU DID _____
 _____ NAME OF SUPERVISOR _____

4) EMPLOYER NAME _____ TYPE OF BUSINESS _____
 ADDRESS _____ TELEPHONE (____) _____
 FROM _____ TO _____
 REASON FOR LEAVING _____ POSITION _____
 DESCRIBE THE WORK YOU DID _____
 _____ NAME OF SUPERVISOR _____

HAVE YOU EVER BEEN DISCHARGED FROM EMPLOYMENT OR ASKED TO RESIGN? YES NO

IF YES, PLEASE EXPLAIN:

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? YES NO

IF NOT, INDICATE BY NUMBER WHICH EMPLOYER(S) YOU DO NOT WISH US TO CONTACT _____

EDUCATION

SCHOOL	DEGREE RECEIVED	# OF YEARS ATTENDED	GRADUATED YES OR NO	MAJOR	GPA	SCHOOL NAME AND ADDRESS
HIGH						
COLLEGE						
BUS/TECH						
OTHER						

LICENSES/CERTIFICATIONS/REGISTRATIONS

LICENSES/CERTIFICATIONS/REGISTRATIONS	LIC/CERT/REG#	ISSUE DATE MM/YY	ISSUED BY	EXPIRATION DATE MM/YY

DO YOU POSSESS A COMMERCIAL DRIVER’S LICENSE (CDL)? YES NO

IF APPLICABLE, LIST THE EXPIRATION DATE, ENDORSEMENTS AND INDICATE WHAT EQUIPMENT YOU HAVE OPERATED:

ARE YOU ABLE TO PERFORM THE FUNCTIONS LISTED ON THE JOB DESCRIPTION OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMMODATION? YES NO

IF REASONABLE ACCOMMODATION IS REQUIRED, PLEASE DETAIL _____

IF HIRED, CAN YOU PROVIDE PROOF THAT YOU ARE LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? YES NO

The City of Portage has a commitment to Equal Employment Opportunity and complies with Federal and State standards pertaining to equal employment opportunity. It is the policy of the City of Portage to implement equal opportunity on an affirmative basis to all qualified employees and applicants for employment without regard to race, color, creed, sex, age, height, weight, marital status, religion, veteran status, national origin or disability. Michigan Law requires that a handicapped individual with a disability needing accommodations for employment notify the employer in writing, within 182 days after the need is known.

APPLICANT ACKNOWLEDGMENT AND AUTHORIZATION:

I authorize my former employers, school authorities, medical authorities, and police agencies to give to the City of Portage, any information regarding my employment together with any information they may have regarding me whether or not it is in their records. I hereby release them and their organization from any claims and liabilities whatsoever for issuing same and release the City of Portage from any claims or liability for using such information in making a hiring decision. I understand that neither this application nor any subsequent offer of employment creates a contract of employment and if I am hired, I will be employed at-will, meaning that the city may terminate my employment at any time, with or without reason and with or without notice. For employees hired in to positions covered by collective bargaining agreements, their at-will status will only be in effect during the contractual probationary period. I hereby certify that all the statements in this application are true and correct and that I agree to all terms and conditions as stated.

(Applicant’s Signature)

EQUAL EMPLOYMENT INFORMATION

NOTE: The Following voluntary information is gathered for Equal Employment Opportunity and statistical purposes and will NOT be used in making the decision to hire any person. This information is separated from your application before it is reviewed.

SEX: Male Female

RACE: Black White American Indian
 Hispanic Asian/Pacific Islander

POSITION APPLIED FOR: _____

HOW DID YOU LEARN OF THIS POSITION?

- City of Portage Web Site
- Internet/Job Web Site
- Newspaper
- Word of Mouth

Other _____