

City of Bronson

141 S. Matteson Street, Bronson, MI 49028 | Phone: 517-369-7334 | Fax: 517-369-1457

Application for Full & Part-time At-will Employment

Read carefully before completing this application

Notice of Non-discrimination

The City of Bronson is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a protected disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer within 182 days of the date that the need is known or should have been known.

General Information

Print clearly or type. Answer all questions. If specific information does not apply, then enter N/A in that section. You may use a separate sheet of paper and identify your answer with the reference block (i.e. Employment Record).

Applications must be completed by the person who is applying for the position. Incomplete applications will not be processed. Date and sign this application in the appropriate section.

Do not misstate or omit any material facts on this application or any other documents (i.e. resumes, transcripts, certificates, etc.) you may submit. Any application containing misstatements, omissions, or false information will be rejected from any further consideration. This application will only remain active for 3 months, after which the applicant should re-apply if desired.

You will only receive follow-up contact about this application if the City of Bronson wishes to consider you further for a position.

(rev. 3/2012)

Position applying for: _____ Date of application: _____

_____ Full-time _____ Part-time _____ Temporary

Certain positions may require a supplemental application or the City of Bronson may request other information, such as a resume, school transcripts, or certificates.

Section 1: General Information

Your name: Last _____ First _____ MI _____

Present Address:

Street City State Zip

Permanent Address:

Street City State Zip

Phone number:

Work phone Home or cell phone

Are you employed? YES NO

Have you ever applied for employment with the City of Bronson? YES NO
If yes, when and for what position? Did you use a different name?

Section 2: US Military Experience

Have you served in the U.S. Military? YES NO Branch: _____

Rank (upon discharge): _____

Please list any relevant training and experience you received in the military that you believe prepare you for this position:

Section 3: Education

Do you have a high school diploma or equivalent (GED)? YES NO

College/Trade school: _____ Number of years attended: _____

School address Street City State Zip

Did you graduate? YES NO Major/degree/program: _____

College/Trade school: _____ Number of years attended: _____

School address Street City State Zip

Did you graduate? YES NO Major/degree/program: _____

College/Trade school: _____ Number of years attended: _____

School address Street City State Zip

Did you graduate? YES NO Major/degree/program: _____

Additional job-relevant skills/abilities:

Section 4: Legal information

Do you possess a valid driver’s license? YES NO

Are you lawfully entitled to be employed in the United States? YES NO

Have you ever been convicted of a felony or misdemeanor charge or do you have a felony or misdemeanor charge pending against you? YES NO

If yes, please state the offense, date and place where the offense or alleged offense occurred.

Section 5: Professional References

Name: _____ Years acquainted: _____

Street address City State Zip Phone

What is the person's relationship to you? _____

Name: _____ Years acquainted: _____

Street address City State Zip Phone

What is the person's relationship to you? _____

Name: _____ Years acquainted: _____

Street address City State Zip Phone

What is the person's relationship to you? _____

Name: _____ Years acquainted: _____

Street address City State Zip Phone

What is the person's relationship to you? _____

Section 6: Employment History (list most recent first)

Employer: _____ Date of hire: _____

Street address City State Zip Phone

Position: _____ Ending pay: _____ Starting Pay: _____

Duties performed: _____

Last date of employment: _____ Reason for leaving: _____

Section 6: Employment history (continued)

Employer: _____ Date of hire: _____

Street address City State Zip Phone

Position: _____ Ending pay: _____ Starting Pay: _____

Duties performed: _____

Last date of employment: _____ Reason for leaving: _____

Employer: _____ Date of hire: _____

Street address City State Zip Phone

Position: _____ Ending pay: _____ Starting Pay: _____

Duties performed: _____

Last date of employment: _____ Reason for leaving: _____

Employer: _____ Date of hire: _____

Street address City State Zip Phone

Position: _____ Ending pay: _____ Starting Pay: _____

Duties performed: _____

Last date of employment: _____ Reason for leaving: _____

Attach additional sheets if necessary.

May we contact all the employers listed? YES NO

If no, which employers may we not contact?

Section 7: Authorizations and Acknowledgements

I understand that prior to being offered employment I may be requested to take a written aptitude test. In the event that I have a disability that will affect my ability to take the test, I will so inform the City prior to the administration of the test so that a reasonable accommodation can be made. The City reserves the right to require medical documentation regarding the need for accommodation.

I understand that if I am hired and if I suffer from a protected disability that affects my ability to do the job, I may ask the City to attempt to make a reasonable accommodation for it. I must make any request in writing to the City Manager within 182 days after I know or reasonably should have known that an accommodation was needed.

I understand that the City of Bronson is a drug-free workplace. A pre-employment physical and/or drug test may be required. I understand that if employed by the City of Bronson, I may be subject to random, unannounced drug tests, failure of which may result in disciplinary action.

I understand my employment may be subject to review of my driving record, criminal history, and other job-relevant information.

I understand and agree that, if hired, my employment is an “at-will” employment relationship and is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice, unless the position is specifically covered by a collective bargaining agreement.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application may result in immediate termination. I recognize that the City of Bronson and/or its designated agents may make a full investigation of the claims, statements, and facts I have listed in this application. I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted, to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give you.

Signature

Date