

CITY OF BRIDGMAN APPLICATION FOR EMPLOYMENT



The City of Bridgman considers applicants for employment without regard to race, color, religion, sex, national origin, age, disability status, marital status, or any other legally protected status.

Please complete the application in its entirety. An incomplete application will not be considered for the position available.

| | | | | |
|----------------------|----------------|-----------|-----|--|
| Position Applied For | | | | |
| First Name | Middle Initial | Last Name | | |
| Address Street | City | State | Zip | |
| Telephone Number | Email address | | | |

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever been employed with us before?

Yes No

If yes, give dates of employment _____

Are you currently employed?

Yes No

If being considered for a position, may we contact your current employer for a reference?

Yes No

Are you legally eligible for employment in the U.S.?

Yes No

Proof of eligibility will be required upon employment

On what date would you be available for work?

Are you seeking Full Time work Part Time work Shift Work Temporary/Seasonal work
(check all that apply)

Have you been convicted of a crime? If yes, what? _____

Yes No

(Do not include traffic/parking violations or civil infractions)

Can you travel if job requires it?

Yes No

EDUCATION

| | Yes | No | Undergraduate College/University | Graduate/ Professional |
|--------------------------------------|-----|----|-------------------------------------|---------------------------|
| Do you have a High School Diploma? | | | | |
| College/University Name and Location | | | | |
| Years Completed | | | | |
| Diploma / Degree | | | | |
| Describe Course of Study | | | | |

| | |
|--|--|
| Describe any specialized training, apprenticeship, skills, or extra-curricular activities that you consider relevant to the position for which you are applying. | |
|--|--|

| | |
|---|--|
| State any additional information you feel may be helpful to us in considering your application. | |
|---|--|

List memberships in organizations that you consider relevant to your ability to perform the position to which you are applying:
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status

| |
|--|
| |
|--|

REFERENCES

Give name and telephone number of three references who are not related to you and are not previous employers

| |
|---|
| 1 |
| 2 |
| 3 |

Have you ever had any job-related training in the United States military?
 If yes, please describe

| |
|--|
| |
|--|

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments, and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status. You may attach a resume, but don't write "see resume" in any blanks.

| | | | | |
|--------------------|-----------------|---|--|----------------|
| Employer | | Dates Employed From To | | Work Performed |
| Street Address | | | | |
| City, State, Zip | | Hourly Rate / Salary Starting Final | | |
| Job Title | Supervisor Name | | | |
| Reason For Leaving | | | | |

| | | | | |
|--------------------|-----------------|---|--|----------------|
| Employer | | Dates Employed From To | | Work Performed |
| Street Address | | | | |
| City, State, Zip | | Hourly Rate / Salary Starting Final | | |
| Job Title | Supervisor Name | | | |
| Reason For Leaving | | | | |

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE (Continued)

| | | | | |
|--------------------|-----------------|---|--|----------------|
| Employer | | Dates Employed From To | | Work Performed |
| Street Address | | | | |
| City, State, Zip | | Hourly Rate / Salary Starting Final | | |
| Job Title | Supervisor Name | | | |
| Reason For Leaving | | | | |

| | | | | |
|--------------------|-----------------|---|--|----------------|
| Employer | | Dates Employed From To | | Work Performed |
| Street Address | | | | |
| City, State, Zip | | Hourly Rate / Salary Starting Final | | |
| Job Title | Supervisor Name | | | |
| Reason For Leaving | | | | |

| | | | | |
|--------------------|-----------------|---|--|----------------|
| Employer | | Dates Employed From To | | Work Performed |
| Street Address | | | | |
| City, State, Zip | | Hourly Rate / Salary Starting Final | | |
| Job Title | Supervisor Name | | | |
| Reason For Leaving | | | | |

| | | |
|--|-----|----|
| Have you been given a job description or had the requirements of the job explained to you? | Yes | No |
| Do you understand the requirements of the job? | Yes | No |
| Can you perform the requirements of this job with or without reasonable accommodations? | Yes | No |

APPLICANT'S STATEMENT AND RELEASE OF INFORMATION

I certify the answers given herein are true and complete to the best of my knowledge. For purposes of consideration of employment, I authorize and request that my current and former employers and those people I have listed as references furnish the City of Bridgman with information about my employment record, including a statement of the reason for termination of my employment, work performance abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them and the City of Bridgman from all liability and responsibility arising from any information provided. I authorize a criminal background and driving record search as a condition of my employment with the City and understand that the results of such search may prevent employment with the City. A copy of this release is as valid as an original signature. I hereby understand and acknowledge that employment at the City of Bridgman is at-will. No oral representation by any City employee will create a contract of employment. No employment practice by the City is intended to create a contract of employment and no changes in the City's employment-at-will policy will be effective unless executed in writing and signed by the City Manager or the City Council. In the event I am employed by the City of Bridgman I understand that any false or misleading information given on this application or during an interview may result in discharge, no matter when the information is discovered. I understand also that I am required to abide by all the rules and regulations of the City of Bridgman.

| | |
|------------------------------|------------|
| Signature of Applicant _____ | Date _____ |
|------------------------------|------------|

WE ARE AN EQUAL OPPORTUNITY EMPLOYER