



200 East Wall Street • P.O. Box 648 • Benton Harbor, Michigan 49022  
 (269) 927-8402 • FAX (269) 927-9646

## Application for Employment

(PLEASE COMPLETE INFORMATION  
ON FRONT AND BACK)

### Personal

Name - First  Middle  Last

Present Address  City  County  State  How long?

Zip Code  Telephone  Social Security Number

Prior Address  City  County  State  How long?

Are you eligible to work in the United States? Yes/No  
 Proof of eligibility will be required before you can be employed.

What date are you available for employment?  What position are you applying for?

Have you ever applied for a position at the City of Benton Harbor?  Location  When?

Are you presently on layoff or leave of absence from any other company?

Have you ever been convicted of a felony?  (Conviction will not necessarily disqualify you from employment)

If yes, explain.

Do you have any commitments or agreements with another employer that might affect your employment with the City of Benton Harbor?

If yes, explain.

### Education

Elementary School City/State <input type="text"/>	Circle grade completed: 1 2 3 4 5 6 7 8						
High School City/State <input type="text"/>	Circle grade completed: 1 2 3 4					Did you graduate? <input type="text"/>	
College(s) City/State <input type="text"/>	Date from <input type="text"/>	Date to <input type="text"/>	Date graduated <input type="text"/>	Date degree received/expected <input type="text"/>	Average grade <input type="text"/>	Course major/field <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Other job-related educational institutions, licenses, certifications, etc. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

The City of Benton Harbor will not discriminate against any employee or applicant for employment because of age (as defined by applicable law), religion, sex, race, color, national origin, or because they are handicapped, a disabled veteran or a Vietnam era veteran. Answers to application questions will be utilized for applicable, job related information only.

**Employment Record** Beginning with your present or last position, list the last three jobs you have held.

Employer		Supervisor		Salary
Address			Phone	
Dates Employed From: To:		Position Held	Reason for Leaving	
Duties:				

Specific Machinery Operated:

Employer		Supervisor		Salary
Address			Phone	
Dates Employed From: To:		Position Held	Reason for Leaving	
Duties:				

Specific Machinery Operated:

Employer		Supervisor		Salary
Address			Phone	
Dates Employed From: To:		Position Held	Reason for Leaving	
Duties:				

Specific Machinery Operated:

**References:** List individuals who can attest to your professional abilities/work accomplishments. (Do not include individuals listed in Employment Record section.)

Name: Address: Business Phone: Reference's Position or Relationship to you:

\* If additional work history is pertinent please attach additional documents:

Certification &amp; Agreement - Read Carefully and Sign.

I certify that all information given on this application and accompanying documents is true and correct.

I authorize all previous employers to furnish the City, to the extent permitted by Federal or State law, my reason for leaving, and all other information they may have concerning me. I release them and the company from all liability that may arise from such investigation. By signing this application, I authorize the City to make investigations and I indicate my awareness that false statements or failures to disclose certain information may be sufficient to disqualify me for employment, or, if employed, may result in my dismissal. Further, my employment is conditional upon the successful completion of any background investigation appropriate to my position. I understand that neither this form nor statements by representatives of the City constitutes an employment contract. Upon employment, I also agree to the following:

1. Meeting employability requirements of the Federal Immigration and Naturalization Service and submitting appropriate documentation to satisfy the requirements for completing INS Form I-9.
2. Abiding by all rules, regulations and performance standards of the City.
3. A pre-placement health evaluation, if required.
4. Meeting minimum or maximum age requirements of applicable laws and submitting proof of true age, if required.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_