



(Please complete information on front and back)

Application for Employment

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.

Are you over the age of 18 years? Yes [] No [] (If no, you may be required to provide authorization to work.) _____

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

Can you perform the essential functions of the position for which you are applying? (If you have questions as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question.) Yes [] No [] If no, please explain: _____

Have you ever applied for a position at the City of Benton Harbor? Yes [] No [] Location _____ When? _____

Are you presently on layoff or leave of absence from any other company? Yes [] No [] _____

Have you ever been convicted of a crime? Yes [] No [] If yes, please explain when, where and what was the disposition of the case? _____

Do you have any commitments or agreements with any other employer that may affect your future employment? _____

If yes, please explain: _____

Are you presently employed? Yes [] No [] If yes, may we contact your present employer? Yes [] No [] _____

If any employment was under a different name, please indicate name(s) used: _____

Employment Record Beginning with your present or last position, please list the last (3) positions 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:		

Education

Elementary School City/State	Circle grade completed: 1 2 3 4 5 6 7 8					
High School City/State	Circle grade completed: 1 2 3 4			Did you Graduate or receive your GED?		
College(s) City/State	Date from	Date to	Date graduated	Date degree received/expected	Average grade	Course Major/field
Other job-related educational institutions, licenses, certifications, etc.						

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.

The City of Benton Harbor is an equal opportunity employer. The City of Benton Harbor does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the City of Benton Harbor to verify their accuracy, obtain reference information on my work performance, as well as, consent to a background check. I hereby release the City of Benton Harbor from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. By signing this application, I authorize the City of Benton Harbor to make investigations and I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal. Furthermore, my employment is conditional upon the successful completion of:

- A background investigation appropriate to my position
- Passing a pre-employment drug test and/or pre-placement health exam if required
- Meeting employability requirements of the Federal Immigration and Naturalization Service and submitting appropriate documentation to satisfy the requirements of completing the I-9
- Meeting minimum or maximum age requirements of applicable laws and submitting proof of true age is required

I understand that should an employment offer be extended to me and accepted, that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules or regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ Date _____