



# City of Munising, Michigan

301 E. SUPERIOR STREET \* MUNISING, MICHIGAN 49862

**CITY OF MUNISING  
EMPLOYMENT APPLICATION  
AN EQUAL OPPORTUNITY EMPLOYER  
[www.cityofmunising.org](http://www.cityofmunising.org)**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

**IMPORTANT: PLEASE PRINT OR TYPE**

**DATE:** \_\_\_\_\_

**NOTE:** An offer of employment is contingent upon evaluation and approval of data received via background checks, drug test(s), and health screening (if required). Please answer all questions completely. Incomplete applications may be rejected.

\_\_\_\_\_  Full-time  Part-time  Temporary  Shift Work  
Position(s) Applied For

Last Name	First Name	Middle Name
Address (Street) (City) (State) (Zip)		
Phone Numbers		

If you are under 18 years of age, can you provide required proof of your eligibility to work?  YES  NO

Have you ever filed an application with us before?  YES  NO If YES, give Date \_\_\_\_\_

Have you ever been employed with us before?  YES  NO If YES, give Date \_\_\_\_\_

Are you Currently Employed?  YES  NO May we contact your present employer?  YES  NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  YES  NO  
Proof of citizenship or immigration status will be required upon employment.

Are you currently on "lay-off" status and subject to recall? YES  NO

Can you travel if a job requires it?  YES  NO Have you been convicted of a felony with in the last 7 years? \_\_\_\_\_  
(Conviction will not necessarily disqualify an applicant from employment)

If Yes, please explain \_\_\_\_\_

**EDUCATION**

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Name & Location of High School

Graduate  YES  NO  ATTENDING

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If you have not received a high school diploma, have you passed a high school equivalency or GED test?  YES  NO  
Location of test:

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**TRAINING BEYOND HIGH SCHOOL:**

Circle the number of years completed in a Post Secondary School:                    1   2   3   4   5   6   7   8

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College, University or School (Name & Address)	Presently Attending	Major Field	Degree Conferred & Year	GPA
(1)	Yes      No			

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(2)	Yes      No			
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**SPECIAL SKILLS & QUALIFICATIONS** (Describe any specialized training, apprenticeship, skills, honors received, current licenses or registrations, office machines & computer software you can operate, typing skills wpm, foreign languages you can speak read and/or write etc.)

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**REFERENCES**

Give name, address and telephone number of three references

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Have you ever had any job-related training in the United States military?      Yes      No      (circle one)

If yes, please describe \_\_\_\_\_

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**EMPLOYMENT HISTORY**

Employer's Name	Phone Number	Supervisor's Name	
Address			
Job Title	Dates Employed	Rate/Salary	Hours Each Week
Primary Duties/Work Performed			
If we contact your present employer, will your position be endangered?		Were you involuntarily discharged from this position?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Reason for Leaving			

Employer's Name	Phone Number	Supervisor's Name	
Address			
Job Title	Dates Employed	Rate/Salary	Hours Each Week
Primary Duties/Work Performed			
If we contact your present employer, will your position be endangered?		Were you involuntarily discharged from this position?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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Primary Duties/Work Performed			
If we contact your present employer, will your position be endangered?		Were you involuntarily discharged from this position?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Reason for Leaving			

# AUTHORIZATION AND CERTIFICATION

Please carefully read the following statements and initial each one where indicated. If you have a question regarding any of the statements, please ask the Human Resource Manager prior to initialing and signing the application. Your initials and signature verify that you have read, understand, and agree to abide by the statements below.

\_\_\_\_\_  
Initial                    I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of my knowledge and belief, and I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

\_\_\_\_\_  
Initial                    I authorize the City of Munising to contact any of the persons or organizations referenced in my application materials. I also authorize any person contacted to provide to the City of Munising any and all information regarding my employment, education, or any other information concerning any of the subjects covered by the application. I agree to execute employment records release authorization forms as may be required by the City of Munising requesting employment records form my present and/or former employer(s)

\_\_\_\_\_  
Initial                    I understand that I may be required to successfully pass a drug test to gain employment to continue employment with the City of Munising. I consent freely and voluntarily to participate in required drug test(s), at a location selected by the City of Munising. I also consent to the release of the test(s) results to the City of Munising. I hereby release and hold harmless the City of Munising, its officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, except for their negligence, arising from the drug test(s) and decisions concerning employment bases upon the results of this test(s). In addition, I understand that the City of Munising maintains a drug-free and a smoke-free workplace.

\_\_\_\_\_  
Initial                    I understand that if certain positions have particular security requirements or if the City of Munising determines there is a Bona Fide Occupational Qualification inherent in the position which requires certain information, a police background check seeking that information may be conducted prior to making a decision regarding employment. I authorize the City of Munising, its officers, agents, and employees to conduct such a check if I am applying for one of these positions, and I release and hold harmless the City of Munising, its officers, agents and employees from any liability, except for its negligence, related to the performance or result of this check.

\_\_\_\_\_  
Initial                    If accepted for employment, I agree that my status as an employee depends upon successful performance during a probationary period and that I am an “at-will” employee during this probationary period.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

Thank you for your interest in employment with the City of Munising  
**AN EQUAL OPPORTUNITY EMPLOYER**