



# APPLICATION FOR EMPLOYMENT

City of West Branch  
121 N. 4<sup>th</sup> Street  
West Branch, MI 48661  
989-345-0500

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, and age, physical or mental disability.

In accordance with Federal civil rights law and federal agency policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age disability, religion, sex, familial status, sexual orientation, and reprisal. If you feel that you have been the victim of unlawful discrimination and wish to file a complaint, write to: USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, Or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). The City of West Branch and the West Branch Area Wastewater Treatment Plant Authority are both equal opportunity providers, employers, and lenders.

## APPLICANT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**PLEASE PRINT:** \_\_\_\_\_ Date \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

How did you learn about us?  
Advertisement \_\_\_ Friend \_\_\_ Inquiry \_\_\_  
Employment Agency \_\_\_ Relative \_\_\_ Other \_\_\_\_\_

Best time to contact you at home \_\_\_\_\_ am/pm

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 \_\_\_\_\_

Do any of your friends or relatives work here? \_\_\_Yes\_\_\_ No  
If yes, state name, relationship & location \_\_\_\_\_

Are you currently employed? \_\_\_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.

Date available for work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work: \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Temporary \_\_\_/\_\_\_/\_\_\_

Are you currently on "lay off" status and subject to recall? \_\_\_Yes\_\_\_No

Can you travel if a job requires it? \_\_\_Yes\_\_\_No

**EDUCATION**                      **Institution Name**                      **Years Completed**                      **Field of Study**                      **Graduate/Degree**

High School				
College/University				
Business/Technical				
Professional				
Additional				

**Other Educational/Licensure/Skill Information:**



**Describe any specialized training, apprenticeship, skills and extra-curricular activities:**

**Describe any job-related training received in the United States military:**

**List professional, trade, business or civic activities and offices held.**

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

**Additional Information/Other Qualifications:**

Summarize special job-related skills and qualifications acquired from employment or other experience.

**Specialized Skills (Skills/Equipment Operated):**

<input type="checkbox"/> GIS	<input type="checkbox"/> Spreadsheet	Equipment Operated (list)	Licenses (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Microsoft Word	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Excel	_____	_____
		_____	_____

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note to Applicants:** Do not answer this question unless you have been informed about the requirements of the job for which you are applying:

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities in the job or occupation for which you have applied?  Yes  No

A review/list of the activities involved in such a job or occupation has been provided.  Yes  No

**PERSONAL/PROFESSIONAL REFERENCES** – Do not include family members

Name	Phone Number	Best Time to Call	Occupation

Have you ever been fired from any job for any reason?    \_\_Yes\*    \_\_No

Have you ever quit a job after being notified that you would be fired?    \_\_Yes\*    \_\_No

\*If Yes to either of the above, please provide details below:

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Have you or a family member ever been employed by the City of West Branch (including adoptive family and family by marriage)?    \_\_Yes    \_\_No

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1. Do you wish to furnish data collection information that will assist the Federal Government to ensure compliance with Title VI requirements designed to help prevent discrimination and ensure equality?

**-NOTE- The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race, ethnicity and sex of applicants on the basis of visual observation or surname.**

- Yes
- No, I do not wish to furnish this information.

If so, please continue on to questions #2 - #4 below.

2. Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

3. Race: (mark all that apply)

- White     Black or African American
- American Indian or Alaska Native
- Asian     Native Hawaiian or Other Pacific Islander

4. Sex:

- Male         Female

If you require assistance completing an application because of a disability, please notify the City Manager, and an alternative means of completing the application will be provided, such as assistance by a staff person, larger print applications, etc.

**APPLICANT'S STATEMENT:**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law or the City of West Branch Personnel Policies Manual, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate discharge. I understand, also, that I am required to abide by all rules, regulations and policies of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY – INTERVIEW RESULTS**

Interviewer	Date	Comments

**REFERENCE CHECK – RESULTS OF REFERENCE CHECK**

<b>Employer 1:</b>
<b>Employer 2:</b>
<b>Employer 3:</b>
<b>Employer 4:</b>

Employee # _____
Hire Date _____
Position _____
Rate _____