

VILLAGE OF DECKERVILLE
 2521 Black River Street
 Deckerville, MI 48427
 (810) 376.9505

Library

APPLICATION FOR EMPLOYMENT

The Village of Deckerville is an Equal Opportunity Employer. In compliance with the American with Disabilities Act, the County will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective employees and incumbents to discuss potential accommodations with the employer.

Please Print

					Date of Application	
Last Name		First Name			Middle Name	
Address	Number	Street	City	State	Zip Code	
Telephone Number(s)			Social Security Number			

How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____
For what type of position are you applying?		Salary Expected \$

On what date would you be available for work? Type of employment desired:		
<input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Education Co-op/Internship		
Have you filed an application here before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Have you ever been employed here before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you on layoff, subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you work overtime as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you travel if job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify an applicant from Employment)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain: _____		
Are you legally eligible for employment in this country? (Proof of U.S. citizenship or immigration status will be required upon employment)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION

List ALL Schools attended	Name and Address of School	Number of Years Completed	Did you Graduate Yes or No	Degree	High School Courses And/or college major
High/Prep Schools			<input type="checkbox"/> <input type="checkbox"/>		
Colleges/Universities			<input type="checkbox"/> <input type="checkbox"/>		
Other Education			<input type="checkbox"/> <input type="checkbox"/>		

Do you plan to further your education?
 Yes No If so, when? _____

SKILLS AND QUALIFICATIONS

√ Special Training or Instruction _____

√ Special Skills or Equipment _____

√ Subjects of Special Study or Research Work _____

√ Please indicate any other information you think would be helpful in considering you for employment with the Health Department (additional education, experience, activities, accomplishments, specific skills).

U.S. MILITARY STATUS AND RECORD

If you have a pending military obligation, what are your plans for completing it?

Branch of Service	Active Duty Dates From Month/Year	Active Duty Dates To Month/Year	Rank Held Entry	Rank Held Release	Nature of Duties

What specialized training did you receive?

Do you have a Reserve or National Guard obligation?
 Yes No If so, please describe: _____

REFERENCES

Give name, address and phone number of three references not related to you, and who are not previous supervisors.

Name & Occupation	Address	Phone Number

PRE-EMPLOYMENT STATEMENT-Read Carefully Before Signing

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

I understand that any false answers or statements or misleading omissions made by me on this application, in connection with the above mentioned investigation, can be sufficient ground for my rejection as a candidate for employment or immediate discharge.

I authorize all my current or previous employers, educational institutions, and other references listed above to furnish to the employer and its agents any information, whether or not it is in their records, regarding my employment, educational record, personal character, or work or personal habits. I release all such persons or organizations from any and all liabilities or damages whatsoever from furnishing any of the above information.

I agree and understand that any employment offer is conditional until such time as the results of my reference checks and medical examination, if any, are known.

Under Michigan law, handicapped employees and applicants may request an accommodation of their handicap by notifying the Organization in writing of the need for accommodation within 182 days of the date the handicapper knows or should know that an accommodation is needed. Failure to properly notify the Organization will preclude any claim that the employer failed to accommodate the handicapper.

This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, 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 the 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 interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations the employer and of the employer and the Union Contract.

Signature of Applicant Date

DO NOT WRITE BELOW THIS LINE

Notes: _____

Arrange Interview Yes No

Remarks: _____

Interviewer Date

Employed Yes No Date of Employment _____

Job Title: _____ Hourly Rate/Salary _____ Department: _____

By: _____
Name and Title Date