



## CITY OF HUDSONVILLE - EMPLOYMENT APPLICATION FORM

### BASIC INFORMATION

<b>Position Applying For:</b>			
<b>Name:</b>	First:	Middle:	Last:
<b>Address:</b>	Address:	City:	State: Zip:
<b>Email Address:</b>			
<b>Phone:</b>		<b>Alt Phone:</b>	

<b>Are you a current City of Hudsonville Employee?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>Do you have any relatives or a personal relationship with someone that is currently working for the City of Hudsonville?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, what department?	
	What is the relationship?	

<b>Have you ever been employed by the City of Hudsonville?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, where?	

<b>Have you ever applied for a position with the City of Hudsonville?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, where?	

<b>Have you ever been discharged/fired from employment?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please explain:	

<b>If you are under 18 years of age, can you provide required proof of your eligibility to work?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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<b>Are you legally authorized to work in the United States?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>Have you ever been convicted of a crime?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, give offense, date, county, state and sentence for each conviction:	

<b>Do you have any felony charges pending?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please explain:	

**INSTRUCTIONS:**

1. Complete all sections of this application. Please do not use “see resume” as a response. An incomplete application may result in your application not receiving further consideration.
2. This application for employment will only be considered for the open position(s) listed and will expire after the recruitment period is completed or the position is filled.

**EDUCATION:**

Proof of Education and/or Professional Registration(s), License(s), and Certification(s) will be required prior to hire/promotion.

	Name of School	Location	Did you graduate?	Course of Study/ Degree Received/ Certifications	GPA
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED		
College, Trade, or Tech:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, credit hours completed:					
College, Trade, or Tech:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, credit hours completed:					
College, Trade, or Tech:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, credit hours completed:					

<p><b>Special Training: Please state fully any training you have had. (Max length 500 characters.)</b></p>	
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<p><b>Describe any job-related training received in the United States Military. (Max length 500 characters.)</b></p>	
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**Are you proficient in any languages other than English? If so, please list them below.**

<b>Language:</b>	
<b>Language:</b>	
<b>Language:</b>	



## WORK HISTORY:

<b>Most current employer:</b>			
<b>Dates of employment:</b>	From: (MM/YYYY)	To: (MM/YYYY)	
<b>Address:</b>	Address:	City:	State: Zip:
<b>Phone:</b>		<b>Supervisor:</b>	
<b>Position held:</b>		<b>May we contact this person?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Reason for leaving:</b>			
<b>Description of duties:</b>			
<b>Salary/Earnings:</b>	Starting:	Ending:	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Yearly

<b>Employer #2</b>			
<b>Dates of employment:</b>	From: (MM/YYYY)	To: (MM/YYYY)	
<b>Address:</b>	Address:	City:	State: Zip:
<b>Phone:</b>		<b>Supervisor:</b>	
<b>Position held:</b>		<b>May we contact this person?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Reason for leaving:</b>			
<b>Description of duties:</b>			
<b>Salary/Earnings:</b>	Starting:	Ending:	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Yearly

<b>Employer #3</b>			
<b>Dates of employment:</b>	From: (MM/YYYY)	To: (MM/YYYY)	
<b>Address:</b>	Address:	City:	State: Zip:
<b>Phone:</b>		<b>Supervisor:</b>	
<b>Position held:</b>		<b>May we contact this person?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Reason for leaving:</b>			
<b>Description of duties:</b>			
<b>Salary/Earnings:</b>	Starting:	Ending:	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Yearly



## JOB PERFORMANCE:

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

<b>Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## PROFESSIONAL REFERENCES:

Please list three current/former employers, supervisors, etc. who are familiar with your past work and skills.

<b>Name:</b>		<b>Title:</b>	
<b>Company:</b>		<b>Phone:</b>	
<b>Address:</b>			
<b>Name:</b>		<b>Title:</b>	
<b>Company:</b>		<b>Phone:</b>	
<b>Address:</b>			
<b>Name:</b>		<b>Title:</b>	
<b>Company:</b>		<b>Phone:</b>	
<b>Address:</b>			

## AUTHORIZATION OF APPLICATION SUBMITTAL:

By uploading, emailing, or otherwise submitting this application, I hereby authorize my former employers as indicated above, to provide City of Hudsonville any information pertaining to my employment. I also specifically waive the written notice requirement of Section 67 of Public Act 397 of 1978 pertaining to disciplinary reports, letters of reprimand or other disciplinary actions.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relations 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 relation 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 addition, by uploading, emailing, or otherwise submitting this application, I certify and acknowledge the following: The information provided is accurate and complete. I understand any false statement or answer, or any omission of a material fact, may be grounds for rejection of my application or may be grounds for dismissal if discovered after my employment with the City. I further understand that references will be obtained from employers; a physical and/or drug screen will be required; proof of educational attainment may be required; a criminal history check will be obtained; and if any driving will be done for City purposes in a City vehicle or my own vehicle, a check of my driving record will be obtained. For specific positions, extensive background checks may be required.

Further, by uploading, emailing, or otherwise submitting this application, I agree that if I receive an interview for employment with the City, I will sign the printed copy of my City Application for Employment that includes a certification disclaimer statement.

I authorize the City of Hudsonville to copy this document and agree that such copies with my signature shall have the same legal force and effect as the original document with my signature.

<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
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## PRINTED COPIES:

For our records, printed copies of the job application require a signature.

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Name \_\_\_\_\_ Date \_\_\_\_\_

