

Application For Employment



THE CITY OF
FENTON
City of Fenton
301 S. Leroy St
Fenton, MI 48430

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

*** This entire application must be completed even if a resume is attached. Failure to do so will disqualify the applicant from further consideration.**

PLEASE PRINT OR TYPE

Position(s) Applied For: _____

Name: _____
(Last) (First) (Middle)

Present Address: _____

Length of time at this address: _____ Email Address: _____

Telephone number: () _____ Cell phone number: () _____

Have you applied with the City of Fenton before? _____ If so, when: _____

When can you start: _____

Are you employed now? ____ Yes ____ No. May we contact your employer? ____ Yes ____ No.

Are you available to work: ____ Full-Time ____ Part-Time ____ Temporary ____ No. of Hrs.

What prompted you to seek employment with the City of Fenton?

Driver's License No. _____ State of Issuance _____ Exp. Date _____
____ Operator ____ Commercial (CDL) ____ Commercial (CDLWP endorsement Passenger)
Have you had any accidents during the past three years? _____ How Many? _____
Have you had any moving violations during the past three years? _____ How Many? _____

List any relatives who may be employed by the City of Fenton.

Have you ever been convicted of a crime? _____ If so, when, where and nature of offense: _____

Are there any felony charges pending against you?_____ If so, please explain: _____

Have you ever been dismissed from or asked to resign from any employment position? _____

If yes, explain: _____

MILITARY SERVICE RECORD

Were you in the United States Armed Forces?_____ If yes, what branch? _____

Rank/Type at Discharge: _____ Date of Discharge: _____

Are you in the reserves?_____ Yes _____ No. If yes, date obligation ends: _____

EDUCATION AND TRAINING

	Elementary	High School or Equivalent	College or University	Other
Name of School	NA			
Check Highest Years Completed:	4 5 6 7 8	8 9 10 11 12	1 2 3 4	1 2 3 4
Degree Received:	NA	NA		
Describe Course of Study:	NA			

PERSONAL REFERENCES: Please list below the names of three people, that are not related to you, who have knowledge of your experience and qualifications for the position.

Name	Address	Telephone Number	Years Acquainted
1.			
2.			
3.			

I certify that the information furnished on this application and supplements thereof is complete and accurate to the best of my knowledge. I understand that my furnishing of any false information on this or any City record is reason for disqualification as a candidate for employment or cause for termination if I am employed.

I further understand that if I am offered employment, references will be obtained from previous employers; a physical including drug screen (at the City's expense) may be required, proof of educational attainment must be submitted 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.

In the event I am employed by the City of Fenton, I agree to comply with all of its orders, rules and regulations.

Signature

Print Name

Date

ACKNOWLEDGMENT
(Please read carefully and sign below.)

I authorize the City of Fenton and its agents to consult with and receive information from other companies, individuals, schools or agencies (public or private) concerning my employment, education, background, criminal or motor vehicle record, competence, experience, character or qualifications, and I authorize them to release such information to the City of Fenton as the City requests, including without limitation, my prior disciplinary record, without any obligation to give me written notice of such inquiry and/or disclosure. I also authorize the City of Fenton to release any information concerning my employment to any prospective or subsequent employers without any obligation to give me written notice of such disclosure. I authorize the Social Security Administration to verify that the Social Security number I have furnished is my assigned number and is valid for employment purposes. *I hold harmless and release the City of Fenton and any individual, institution, company or agency from any liability as a result of the above inquiries and disclosures.*

I understand that this Application is not an offer or a contract of employment. If I am hired by the City of Fenton, I will be bound by the rules, policies, regulations, terms and conditions of employment of the City of Fenton as they may be communicated to me from time to time by the City and which may be changed or modified at the will of the City, in its sole discretion, with or without cause, or notice to me. *I further understand and agree that the City of Fenton is an at-will employer which means that my employment relationship with the City of Fenton is for no definite period and may be terminated at any time, with or without cause, with or without notice, at the will of either the City of Fenton or me.* I understand that the direction and control of all work is the sole prerogative of the City of Fenton and includes, by way of illustration only, the right to hire, layoff, transfer, reassign, demote or discharge. Only the City of Fenton Council Members has the authority to enter into any agreement for employment for any specific period of time.

I understand that according to federal law, I must produce documentation to verify my identity and authorization to work in the U.S. I agree that any employment with the City of Fenton is contingent on my ability to obtain and maintain the required documentation within the time period required by applicable law.

I certify that all of the information in this Application (and other information given by me in support of my application) is true and complete. I understand that any misrepresentation, misleading statement or omission of any fact by me in this Application, in support of my application for employment, or during my employment, is sufficient reason for my (1) not being offered employment or (2) being disciplined, up to and including discharge, at any time during my employment in the sole discretion of the City of Fenton.

I understand and agree that as a condition of employment, I may be required to undergo a post-offer medical examination, which includes a drug test. During any employment with the City, I understand that I may be required to submit to an alcohol or drug screening at the request of the City and I authorize the release of any such tests results to appropriate personnel of the Company. I further agree that during any employment with the City if I need an accommodation as the result of a disability, I will promptly notify the appropriate City of Fenton representative of my need for accommodation in writing within 182 days after I learn of the need.

I acknowledge that this application will remain active for six (6) months from this date. If I have not heard from the City at the conclusion of this six (6) month period, it is my responsibility to complete a new application if I still wish to be considered for employment by the City.

I agree that any claim or lawsuit relating to my application for employment, or service with the City of Fenton must be filed no more than six (6) months after the date of the employment action(s) or event(s) that is the subject of my claim or lawsuit. I voluntarily and knowingly waive any statute of limitations to the contrary.

Signature: _____

Date: _____

Print name: _____