



APPLICATION FOR EMPLOYMENT

City of Crystal Falls
401 Superior Avenue
Crystal Falls, MI 49920
906-875-3212

An Equal Opportunity Employer

PERSONAL INFORMATION

DATE OF APPLICATION: _____

Name: _____
Last First Middle

Address: _____
Street (Apt) City/State Zip

Alternate Address: _____
Street City/State Zip

Phone Number: _____ Are you 18 years old or older? Yes No

Are you legally eligible for employment in the United States? Yes No

POSITION SOUGHT: _____ AVAILABLE START DATE: _____

Desired Pay Range: _____ Are you currently employed? Yes No
Hourly or Salary

Referred by: _____

EDUCATION

	Name & Location	Graduate/ Degree	Major/Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc....			
Other Education			

GENERAL

List your areas of highest proficiency, special skills or other items that may contribute to your abilities to perform the position sought:

U. S. Military or Naval Service _____ From _____ To _____ Discharge Date _____

Rank & Duties _____

Present Membership in
National Guard or Reserves _____

PREVIOUS EXPERIENCE

Please list beginning from most recent

Employer	Phone	From:	To:
Address		Position:	
Duties:		Supervisor's Name	
		Starting Wage:	
Reason for Leaving:		Final Wage:	

Employer	Phone	From:	To:
Address		Position:	
Duties:		Supervisor's Name	
		Starting Wage:	
Reason for Leaving:		Final Wage:	

Employer	Phone	From:	To:
Address		Position:	
Duties:		Supervisor's Name	
		Starting Wage:	
Reason for Leaving:		Final Wage:	

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	YEARS KNOWN	TELEPHONE

IN CASE OF EMERGENCY NOTIFY:

Name	Address	Phone Number

The above information is true and complete to the best of my knowledge. Should I be employed by the City of Crystal Falls, any misrepresentation or false statement contained herein may be considered cause for possible dismissal. The City of Crystal Falls has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to the City of Crystal Falls.

I understand this application does not constitute any employment contract of any kind. Should I be employed by the City of Crystal Falls, I may resign such employment at any time at my discretion with or without prior notice and the City of Crystal Falls may terminate my employment at any time at their discretion, with or without cause and with or without prior notice. I also understand that my supervisor has no authority to change this at will relationship. This constitutes the entire agreement concerning potential employment with the City of Crystal Falls.

Date: _____ Signature of Applicant: _____

DO NOT WRITE BELOW THIS LINE

SUMMARY OF INTERVIEW: _____	

Accepted for employment: YES NO	Position: _____ Starting Rate \$ _____ per hour
Scheduled to start work: ____/____/____	Interviewed by: _____ Date: _____
	Approved by: _____ Date: _____