



Est. 1899

Home of the Annual  
Blueberry Festival

# CITY OF MONTROSE APPLICATION FOR EMPLOYMENT

City Offices, 139 S. Saginaw St.

Montrose, MI 48457-0348 Phone (810) 639-6168

Fax (810) 639-6125

**NOTICE:** We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

## APPLICATION MUST BE FILLED OUT COMPLETELY PLEASE PRINT

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

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

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
area code

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you under 18 years of age? \_\_\_\_\_  
yes no

Have you ever filed an application with the city before? \_\_\_\_\_  
yes no

If so, when and where? \_\_\_\_\_

Have you ever been employed by the City of Montrose? \_\_\_\_\_  
yes no

If so, when and where? \_\_\_\_\_

Position desired: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Do you have a valid Driver's License? \_\_\_\_\_  
yes no

Driver's License Number \_\_\_\_\_

*It will be necessary, for any person required to drive a city vehicle, to provide a valid driver's license upon employment.*

Type of employment desired: \_\_\_\_\_ full-time \_\_\_\_\_ part-time

Date when you will be available for work, if hired: \_\_\_\_\_

The job for which you are applying may require working different shifts Saturdays, Sundays and Holidays.  
 Are you willing to work such a schedule? \_\_\_\_\_ yes \_\_\_\_\_ no

If "NO", please briefly explain: \_\_\_\_\_

**RECORD OF EDUCATION**

	Elementary	High	College/University	Graduate/Professional
School Name				
Years Completed/Degree	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course Of Study:				

**Honors Received:** State any additional information you feel may be helpful to us in considering your application. \_\_\_\_\_

Are you attending or have you completed any courses, or specialized training that would qualify you for this position? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, please describe: \_\_\_\_\_

What business machines can you operate? \_\_\_\_\_

List below all present and past employment, beginning with your most recent. *(Attach add'l sheets if necessary)*

Employer	Telephone	Dates Employed		Work Performed
Address		From	To	
Job Title		Hourly Rate/Salary		
Supervisor		Starting	Final	
Reason for Leaving				
Employer	Telephone	Dates Employed		Work Performed
Address		From	To	
Job Title		Hourly Rate/Salary		
Supervisor		Starting	Final	
Reason for Leaving				
Employer	Telephone	Dates Employed		Work Performed
Address		From	To	
Job Title		Hourly Rate/Salary		
Supervisor		Starting	Final	
Reason for Leaving				

**REFERENCES:**

List name and telephone number of three (3) personal/business references, who are not related to you.

	Name	Telephone Number	Years Known
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Are you legally eligible for employment in this country? \_\_\_\_\_  
yes no

*(Proof of U.S. Citizenship or immigration status will be required upon employment.)*

Have you ever been convicted of a crime? If so, when, where and what is the nature of the offense?

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Are there any felony charges pending against you? If so, when, where and what is the nature of the charge?

Please explain: \_\_\_\_\_  
\_\_\_\_\_

**MILITARY SERVICE RECORD:**

Were you in the Armed Forces? \_\_\_\_\_  
yes no

What Branch? \_\_\_\_\_

Describe job related military training. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rank at discharge: \_\_\_\_\_

## APPLICANT'S STATEMENT

Michigan Law prohibits discrimination in employment based on disability/handicap. Beginning June 25, 1990, a person with a disability needing accommodation for employment, must notify the employer, in writing, within 182 days after the need is known. Failure to properly notify the City will preclude any claim that the Employer failed to accommodate the person with a disability.

I understand that if an offer of employment is made, a medical examination and drug screening may be required before I begin my employment duties. I further understand and agree that any offer of employment will be conditioned upon the results of the required medical examination and drug screening.

I affirm that all of the information contained in this application, and in other documents submitted in connection with my application for employment is true and complete. I understand that any falsification, misrepresentation or omission in connection with my application for employment, whether on this document or not, may result in immediate dismissal from or refusal of employment. I authorize the City of Montrose to investigate all statements contained in this application, and other documents submitted for inspection, including records of any former employers, doctors, hospitals, police departments and other such services concerning me, and for any damage incurred in giving it. I waive any written notice of the release of such records, as may be required by any state or federal law.

I agree to conform to the rules and regulations of the City of Montrose. I understand that no employee of the City of Montrose has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to this, with the exception of the City Manager of the City of Montrose.

Finally, I agree that any action against the City, arising out of my employment, or termination of employment, including but not limited to claims arising under State or Federal Civil Rights Statutes, must be brought within one year of the event giving rise to the claims, or be forever barred. I waive any limitation periods to the contrary.

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SIGNATURE OF APPLICANT

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DATE

**NOTICE TO APPLICANTS  
AND EMPLOYEES**

Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.

The City of Montrose is a drug free work place.

**\* Please return application to:**

**City of Montrose  
139 S. Saginaw St.  
Montrose, MI 48457**