



City of Lake City, Michigan  
115 W John St, P.O. Box 1  
Lake City, MI 49651

**APPLICATION FOR EMPLOYMENT**

*City of Lake City is an equal opportunity employer, and further does not discriminate in employment regarding race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.*

**PERSONAL INFORMATION**

*Incomplete information could disqualify you from further consideration. Please complete all fields.*

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

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Are you eligible to work in the U.S.?  Yes  No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)  
 Yes  No

Have you ever been terminated from employment or asked to resign by an employer?  Yes  No

If yes, please provide employer, names, and details \_\_\_\_\_

Can you work any shift?  Yes  No. If no, explain: \_\_\_\_\_

Can you work overtime, including weekends?  Yes  No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?  Yes  No

**EMPLOYMENT DESIRED**

Date you can start \_\_\_\_\_ Hourly rate/Salary desired \_\_\_\_\_

Position desired \_\_\_\_\_

Are you currently employed?  If so, may we inquire of your present employer? \_\_\_\_\_

**REFERRAL SOURCE**

How did you hear about us? Walk In, Advertisement, Referral, Other

Have you ever worked for the city?  Yes  No. Explain \_\_\_\_\_

Do you know anyone who works for our city? Yes / No. If yes, who? \_\_\_\_\_

EDUCATION	Name and location of school	Degree Received	Subjects studied/Major
High School			
College or University			



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Trade, Business or Correspondence School			
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**EMPLOYMENT HISTORY** Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

Do you have any specific skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

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## REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Known
1			
2			
3			

### **Please read carefully before signing.**

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the City of Lake City to hire me. If I am hired, I understand that either City of Lake City or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the City of Lake City has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to City of Lake City true and complete information on this application. No requested information has been concealed. I authorize City of Lake City to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.**