



# APPLICATION FOR EMPLOYMENT

Print Form

(AN EQUAL OPPORTUNITY EMPLOYER)  
CITY OF MARYSVILLE

**PERSONAL INFORMATION** NAME: LAST  FIRST  MIDDLE

**PRESENT ADDRESS** STREET  CITY  STATE  ZIP

**PERMANENT ADDRESS** STREET  CITY  STATE  ZIP

PHONE NO

DATE OF BIRTH:

### EMPLOYMENT DESIRED

POSITION/DEPT: Public Safety Cadet

VALID DRIVERS LICENSE

ARE YOU EMPLOYED NOW?

IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

PRIOR EMPLOYMENT WITH THE CITY?

DEPT?

WHEN?

Have you ever been fired from previous employment?

Have you ever been arrested or convicted of a felony?

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

### FORMER EMPLOYERS

(LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

	DATE: MM/YYYY	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO					
FROM TO					
FROM TO					

Date

SIGNATURE

\_\_\_\_\_

**CITY OF MARYSVILLE**  
**APPLICANT'S CERTIFICATION, AUTHORIZATION, WAIVER AND**  
**ACKNOWLEDGMENT**

I certify the facts set forth in my employment application submitted to the City of Marysville (hereafter known as "City") are true and complete. I understand that if I am employed and it is discovered I have made any false statements on my employment application such false statements shall subject me to immediate dismissal. You are authorized to make an investigation of my employment history through any investigative agencies or bureaus of your choice, and you may contact my current or any of my former employers and I give such employers the right to release information to you and all records of my employment, excluding medical records. I further understand you may require a driving record and I authorize you to obtain such a report. I understand that you reserve the right to make a conditional offer of employment which would be conditioned upon the results of a medical examination including, but not limited to, any drug screening tests which are required by the City. If employed, I understand that if I need or believe I need an accommodation for a handicap under the Michigan Handicappers Civil Rights Acts, I must notify the City in writing of my need for such an accommodation within 180 days after I know or should have known that I need such an accommodation. My failure to provide such timely notice will prevent me from claiming that my employer failed to accommodate my handicap under the Michigan Handicappers Civil Right Act. I understand and agree if I am hired by the City, unless specifically set forth in writing to the contrary and signed by the City Manager and myself, my employment will be for no definite period of time, and may be terminated at any time with or without cause unless otherwise dictated by a labor union contract. If hired by the City, I agree that any claim or lawsuit arising out of my employment with the City, or my application for employment with the City, must be filed no more than six (6) months after the date of my employment or within six (6) months of the action by the City that is the subject of the claim or lawsuit. I understand the Statute of Limitations for claims arising out of an employment action may be longer than six (6) months, and I agree to be bound by a six (6) month Statue of Limitations for any claim arising out of my employment with the City. I waive any Statue of Limitations to the contrary, unless State, Federal or local law prohibits such waiver.

Date

Signature \_\_\_\_\_

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