302 Wolf Street ● PO Box 430 Dowagiac, MI 49047

Phone: 269-782-9563 ● Fax: 269-782-9941

Guy H. Evans, Deputy Fire Chief

Steven L. Grinnewald, Public Safety Director

# EMPLOYMENT APPLICATION

**Applicant Instructions:**
If you need help completing this application form or with any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE".
2. Complete the entire form. Incomplete or illegible applications will not be processed. If a question is not applicable to you, please indicate by writing "N/A" in that answer space.
3. If more space is needed to complete any question, use the appropriate comments section at the end of this application.
4. Each application has an APPLICANT DATA RECORD attached. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

Today's Date: _____ Social Security Number (Optional): _____

Name (last): _____ (first): _____ (M.I.): _____ (Jr., Sr., II, III, etc.): _____

Current Address: _____

How long have you lived at this address? _____ Phone Number: _____

Prior Address: _____

Email Address:_____

**Applicant Note:**
This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the applicant process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of race, religion, color, gender age, national origin, active or reserve military status or disability. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job related skills may be required prior to employment. After an offer of employment and prior to reporting to work, you are required to complete a medical history form and may be required to be examined by a medical professional designated by the City. For your information, this application for employment shall be considered active for a period of one year. Applicants desiring consideration for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. If an offer of employment is accepted by the applicant, continued employment may still be conditional based upon successful completion and maintaining of mandatory training, licensure and/or required certifications.

For which position are you applying? _____

What date can you start? _____ Have you worked for the City of Dowagiac before? _____

**Education:**

High school diploma/GED? ____ Yes ____ No School name: _____

College/trade school certificate/degree? ____ Yes ____ No - School name: _____
Certificate or degree major: _____
College/trade school certificate/degree? ____ Yes ____ No - School name: _____
Certificate or degree major: _____
College/trade school certificate/degree? ____ Yes ____ No - School name: _____
Certificate or degree major: _____

**Employment Experience:**

Most recent/current employer: Currently employed here? ____ Yes ____ No May we contact? ____ Yes ____ No

Company Name:_____ City/State: _____ Phone: _____
Dates employed from: _____ to: _____ Job title: _____ Salary: _____
Duties: _____ Supervisor: _____
Reason for leaving: _____

Second Most Recent Employer: Currently employed here? ____ Yes ____ No May we contact? ____ Yes ____ No

Company Name:_____ City/State: _____ Phone: _____
Dates employed from: _____ to: _____ Job title: _____ Salary: _____
Duties: _____ Supervisor: _____
Reason for leaving: _____

Third Most Recent Employer: Currently employed here? ____ Yes ____ No May we contact? ____ Yes ____ No

Company Name:_____ City/State: _____ Phone: _____
Dates employed from: _____ to: _____ Job title: _____ Salary: _____
Duties: _____ Supervisor: _____
Reason for leaving: _____

**Job Related Skills:**

Please list any job related skills or training that may be job related or you feel would be of value to this position:_____

_____

_____

**Personal / Professional References:**

Include persons familiar with your personal background and professional (work) history. Do not include relatives.

| Name: | City/State/Phone: | Relationship/Years known: |
|---|---|---|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

**Driver's License Information:**

Issuing State:_____ License #:_____ Expiration Date:_____

Type of license: ____ Regular operators ____ Chauffer's ____ CDL

Have you ever held a driver's license of any type from a state other than Michigan? ____ Yes ____ No

If yes, what state:_____ Expiration date of that license:_____

**Security:**

Check and complete all applicable information:

| Yes: | No: | Question: |
|---|---|---|
| ____ | ____ | Is there any additional information relative to a different name or social security number necessary to check work records? (Provide details below if necessary.) |
| ____ | ____ | This job requires a driver's license. Have you had any moving violations in the past three years? If so, describe below. |
| ____ | ____ | Are there any felony charges pending against you? If so, please describe below. |
| ____ | ____ | Have you been convicted of a felony within the past seven years? If so, please describe below. (Conviction will not necessarily disqualify an applicant from employment.) |

Details: _____

_____

_____

_____

_____

**General:**

Have you been given a job description or had the requirements of the job explained to you? ____ Yes ____ No

Do you understand these requirements? ____ Yes ____ No

Can you perform the requirements of this job with or without reasonable accommodation? ____ Yes ____ No

**Voluntary Survey:**

The City of Dowagiac does not discriminate on the basis of race, religion, color, gender, age, national origin, or disability in employment. The completion of this Applicant Data Record is optional. It will be kept confidential and separate from the employment application. An applicant will not be subject to any adverse treatment for refusing to complete this questionnaire. **The purpose of this Applicant Data Record is to comply with governmental record keeping and reporting requirements.**

Name (last): _____ (first): _____ (M.I.): _____

Position applied for: _____ Today's Date: _____

Referral Source: ____ Advertisement ____ Friend ____ Relative ____ Walk-in ____ Employment agency

____ Other: _____

Submission of this information is voluntary:

Check one: ____ Male ____ Female

Race/Ethnic Group: ____ White ____ Black ____ Hispanic ____ American Indian

____ Asian/Pacific Islander

**For Office Use Only**

The above information is confidential and maintained separately from the applicant's employment application. Detach this page from the employment application and forward immediately to the Human Resources Office.

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Steven L. Grinnewald, Public Safety Director

# Applicants Authorization

Applicants Printed Name: _____ Position: Firefighter

Social Security Number: _____ Date of Birth: _____

**Note:** This form is intended for use in evaluating your qualifications for employment with the City of Dowagiac. This is not an employment contract. All qualified applicants will receive consideration without discrimination because of race, religion, color, gender, age, national origin, or disability. After an offer of employment and prior to reporting to work you will be required to submit to testing for the presence of drugs in your body.

____ Yes ____ No: Is there any additional information relative to a different name or social security number necessary to check records?

If yes, please explain:_____

_____

Driver's License #: _____ Type: _____ Expires: _____

____ Yes ____ No: Have you been given a job description or had the requirements of the job explained to you?

____ Yes ____ No: Can you perform the requirements of this job with or without reasonable accommodation?

**Certification and Release:**

I certify that I have read and understand the information contained on this form. I authorize the City, and/or its agents, including consumer reporting bureaus, to verify any of this information, or the information contained in my resume, including, but not limited to criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand and agree that any information obtained by the City of Dowagiac concerning me is solely the confidential property of the City of Dowagiac.

_____ _____

(Applicants Signature) (Date)