



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. Grinnwald, 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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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)