



City of Marquette Employment Application

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It is the policy of the City of Marquette to provide equal employment opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to race, color, creed, national origin, religion, sex, disability, or any other legally protected status, except where such factors constitute a bona fide occupational qualification. A person with a disability requiring accommodation for completing the application process should notify Human Resources as soon as possible. Michigan law requires that a person with a disability requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

NOTE: An offer of employment is contingent upon evaluation and approval of data received via background checks, drug test(s), and health screening (if required). Please answer all questions completely. Incomplete applications may not be considered.

TITLE OF POSITION APPLIED FOR:

DATE:

Full-time Part-time Seasonal

PERSONAL INFORMATION

Last Name:

First Name:

Initial:

Res. Phone #:

Cell Phone#:

Street Address:

City, State, & Zip Code:

E-mail Address:

Are you at least 18 years of age? Yes No

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever been employed by the City of Marquette? Yes No

If yes, when, in what position, and in what department? _____

It is the policy of the City of Marquette not to employ an individual if he/she would be directly supervising or receiving direct supervision from a member of his/her family.

List any relatives employed by the City of Marquette or serving as elected or appointed officials:

How were you referred to the City of Marquette? (If an advertisement, which publication or website?)

Have you ever been known by another name? Yes No
If yes, what name?

Do you possess a valid driver's license? Yes No

Do you possess a valid commercial driver's license? Yes No If yes, what type?

Has your license ever been revoked or suspended? Yes No

If yes, please explain:

CRIMINAL HISTORY

Have you ever been convicted of a crime (including misdemeanors)? Yes No
Date of conviction:

Offense:

County / City / State of conviction:

Are there any felony charges pending against you? Yes No

MILITARY HISTORY

Have you served in the U.S. Military Service? Yes No
Starting Date:

Discharge Date:

Branch of Service:

Rank or Rating:

Type of Discharge:

EDUCATION

HIGH SCHOOL

Name:

Address:

Graduation Status: Yes No Attending

If you have not received a high school diploma, have you passed a high school equivalency or GED test? Yes No

If yes, list location of test:

POST-SECONDARY SCHOOL

Select the number of years completed in a post-secondary school:

1 2 3 4 5 6 7 8

Please list the information of all post-secondary institutions you have attended below:

COLLEGE, UNIVERSITY, OR SCHOOL (1)

Name:

Address:

Presently Attending? Yes No

Major(s)/Field(s) of Study:

Degree Conferred & Year:

GPA:

COLLEGE, UNIVERSITY, OR SCHOOL (2)

Name:

Address:

Presently Attending? Yes No

Major(s)/Field(s) of Study:

Degree Conferred & Year:

GPA:

COLLEGE, UNIVERSITY, OR SCHOOL (3)

Name:

Address:

Presently Attending? Yes No

Major(s)/Field(s) of Study:

Degree Conferred & Year:

GPA:

Describe any education / training you have had which is not covered above, such as correspondence courses, service schools, in-service training - please give dates:

SPECIAL SKILLS & QUALIFICATIONS

The following information must be provided if you are applying for positions requiring the skills found below.

TYPING

Number of words per minute:

DATA ENTRY

AUTHORIZATION AND CERTIFICATION

Please carefully read the following statements and initial each one where indicated. If you have a question regarding any of the statements, please ask Human Resources prior to initialing and signing the application. Your initials and signature verify that you have read, understood, and agreed to abide by the statements below.

Initial

I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of my knowledge and belief, and I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

Initial

I authorize my current and all previous employers to cooperate with the City of Marquette and to release, on a confidential basis, any information they may have concerning me including any information contained in my personnel record or otherwise known by them to the City of Marquette in connection with my application for employment with the City of Marquette. I specifically release from liability any current or former employer, its agents, representatives, employees, officers or directors for giving such information to the City of Marquette.

Initial

I understand that I may be required to successfully pass a drug test to gain employment or continue employment with the City of Marquette. I consent freely and voluntarily to participate in required drug test(s), at a location selected by the City of Marquette. I also consent to the release of the test(s) results to the City of Marquette. I hereby release and hold harmless the City of Marquette, its officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug test(s) and decisions concerning employment based upon the results of this test(s). In addition, I understand that the City of Marquette maintains a drug-free and a smoke-free workplace.

Initial

I understand that if certain positions have particular security requirements or if the City of Marquette determines there is a Bona Fide Occupational Qualification inherent in the position which requires certain information, a police background check seeking that information may be conducted prior to making a decision regarding employment. I authorize the City of Marquette, its officers, agents, and employees to conduct such a check if I am applying for one of these positions, and I release and hold harmless the City of Marquette, its officers, agents, and employees from any liability, related to the performance or result of this check.

Initial

Unless otherwise provided by City ordinance, if accepted for employment I agree that my status as an employee depends upon successful performance during a probationary period and that I am an "at-will" employee during this probationary period.

Initial

I agree that any action or suit against the City, its agents or employees, arising out of my employment or termination of employment, including but not limited to claims arising under State and Federal law, (but not Federal civil rights statutes containing a separate limitations period), must be brought within 180 days of the event giving rise to the claim(s) or be forever barred.

Initial

The Immigration Reform and Control Act of 1986 states that employers must require all persons hired to submit documents to the employer showing their identity and their right to be lawfully employed in the United States. It also requires that the employee complete and sign a government form to this effect. I understand that if hired by the City of Marquette, I will timely furnish documents for inspection that verify my identity and that I am legally permitted to work in the United States. Furthermore, I understand that my employment will be terminated if I fail to timely provide the necessary documents.

Applicant's Signature

Date

Mail or return all completed, signed applications to:
City of Marquette
Human Resources Department
300 W. Baraga Avenue
Marquette, MI 49855

AN EQUAL OPPORTUNITY EMPLOYER
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