



City Manager's Office City of St. Ignace

396 North State Street
St. Ignace, Michigan 49781
Phone: (906) 643-9671

APPLICATION
OF
EMPLOYMENT
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Position You are Applying For:		Social Security Number:		
Print Name:		Last	First	Middle
Mailing Address: Number	Street	City	State	Zip
Home Telephone Number: ()		Work Telephone Number: ()		
Are you a U.S. Citizen? or do you have the legal right to remain permanently in this country? Yes <input type="checkbox"/> No <input type="checkbox"/>		Driver's License: State _____ Number _____		
Are you related to the Mayor, any City Councilman or any City Employee, or their spouses? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, explain: _____				

Education

High School Graduate: Yes <input type="checkbox"/> No <input type="checkbox"/> GED or Equivalent: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Name of Schools	City/State	Did You Graduate?	Units of Credit	Degrees or Certifications
Special Training, Certificates or Licenses: _____				

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Experience: List all experience, most recent first. Resumes may be added, but not substituted for this section.

Most Recent Employer:		Title:
Address:		
Dates	Describe Duties:	
From:		
To:		
Hours/Week:		
Reason for Leaving:		
Previous Employer:		Title:
Address:		
Dates	Describe Duties:	
From:		
To:		
Hours/Week:		
Reason for Leaving:		
Previous Employer:		Title:
Address:		
Dates	Describe Duties:	
From:		
To:		
Hours/Week:		
Reason for Leaving:		
Previous Employer:		Title:
Address:		
Dates	Describe Duties:	
From:		
To:		
Hours/Week:		
Reason for Leaving:		

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IMPORTANT: Please Read Carefully

List below all military and civilian convictions. Also, list any serious traffic violation convictions. False answers and/or failure to list convictions is cause for rejection of your application and/or discharge from city employment.

Date	City	Charge	Disposition

Personal References

(not relatives or employers)

Name	Address
1.	
2.	

Certificate of Applicant
Please Read Carefully
Before Signing.

*I hereby solemnly swear or affirm that
all statements on this application are true
and complete to the best of my knowledge
and belief. I understand that any false
statements will subject me to disqualification
or dismissal from city employment.
I understand that prior to hiring or promotion,
I may be required to pass a city medical
examination.*

Date of Application: _____

Signature of Applicant: _____



**The City of St. Ignace is an Equal
Employment Opportunity Employer and has an
ongoing Equal Opportunity Program.**