



St. Ignace, Michigan 49781

The City of St. Ignace is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age height, weight, marital status, veteran status, handicap or any other protected category.

YOU MUST ANSWER ALL QUESTIONS, FAILURE TO DO SO WILL RESULT IN REJECTION OF YOUR APPLICATION AND YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT.

Position applied for: City Manager

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone: _____ Social Security Number: _____

Driver's License No: _____ Date of Birth: _____

Are you a relative by birth or marriage to any City of St. Ignace elected official or full-time management employee: Yes ___ No ___

Are you currently employed? Yes ___ No ___
Are you currently laid off from your employer? Yes ___ No ___
Are you subject to recall? Yes ___ No ___
Will you submit to a Drug Screening Test? Yes ___ No ___
Have you ever been employed by our city? Yes ___ No ___

If yes, _____
Position Department Dates

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes ___ No ___

Have you ever been fired from another employer? Yes ____ No ____
If yes give the date, where you worked and an explanation.

Have you ever been convicted of a Felony or a Misdemeanor? Yes ____ No ____
If yes describe the violation along with dates and location:

Note: A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation will be considered.

Are you capable of performing with or without reasonable accommodation (special assistance, equipment or other help), the activities involved in the job or occupation for which you have applied. Yes ____ No ____

Describe how you would perform the job functions involved in the job or occupation for which you have applied.

EDUCATION

| | High School | Vocation/Technical | College | Graduate |
|-----------------------------------------------------------------------|-------------------|--------------------|-------------------|-------------------|
| School Name, City/State | | | | |
| Did you graduate? (If not number of credit hours completed) | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ |
| Degree/Certificate | | | | |
| Major/Minor | | | | |

Describe any specialized training, apprenticeships, internships, skills, licenses, certificates, and extra-curricular activities that pertain to the position(s) for which you are applying.

List professional, trade, or business group memberships and offices held, and volunteer work excluding groups with the name and character of which indicate race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected class:

REFERENCES: Please list one business, one neighborhood, and one school.

(Do not include relatives or former employers):

| Name | Address | Telephone |
|------|---------|-----------|
|------|---------|-----------|

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States of America or in a State National Guard which is directly related to the position which you are applying for?

Yes ___ No ___

If yes, what branch? _____ Rank at discharge _____

Date of discharge _____ Were you honorably discharged? Yes ___ No ___

dishonorable discharge from the military will not necessarily be a bar to employment

EMPLOYMENT HISTORY

List each job held. Start with your present or last job first.

| | | | |
|-----------------------|--------------------|-------|----------------|
| Employer | Dates | | Work Performed |
| | From | To | |
| Job Title | | | |
| Address & Telephone | Hourly Rate/Salary | | |
| | Start | Final | |
| Supervisor | | | |
| Reason(s) for Leaving | | | |
| Employer | Dates | | Work Performed |
| | From | To | |
| Job Title | | | |
| Address & Telephone | Hourly Rate/Salary | | |
| | Start | Final | |
| Supervisor | | | |
| Reason(s) for Leaving | | | |
| Employer | Dates | | Work Performed |
| | From | To | |
| Job Title | | | |
| Address & Telephone | Hourly Rate/Salary | | |
| | Start | Final | |
| Supervisor | | | |
| Reason(s) for Leaving | | | |
| Employer | Dates | | Work Performed |
| | From | To | |
| Job Title | | | |
| Address & Telephone | Hourly Rate/Salary | | |
| | Start | Final | |
| Supervisor | | | |
| Reason(s) for Leaving | | | |

AGREEMENT AND UNDERSTANDING

1. I certify that the information in this application is true, complete and correct to the best of my knowledge and understand that falsification, misleading, misrepresentation or omission of any information submitted in connection with my application or interview, whether in this document or not may result in rejection of my application or, if hired, in dismissal.

Signature _____ Date _____

2. I waive written notice from my current employer and from any other of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personal records (even if more than four years old). This waiver is made pursuant to the Bullard-Plawecki Employee Right-to Know act.

Signature _____ Date _____

3. I authorize the references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and any pertinent information they may have (even if more than four years old) and release all parties from any liability for any damages that may result from furnishing same to you.

Signature _____ Date _____

4. I authorize the St. Ignace City Police to release any information (even if more than four years old) relating in any way to my employment including disciplinary reports, letters of reprimand or other notices of disciplinary action when ***such information is requested by any prospective or subsequent employers*** without any obligation (by them or you) to give me any notice of such disclosure.

Signature _____ Date _____

5. I understand that any employment offer is conditional upon the result of the drug screening test and the post offer pre-employment medical examination, credit history check and background investigation (when applicable based on the position sought).

Signature _____ Date _____

6. I have read the attached job description. If employed, I understand that if I am or become handicapped in need of accommodations for employment, I must notify the City of St. Ignace in writing within 182 days after the need is known or reasonably should have been known to me. Failure to properly notify the City of St. Ignace will preclude any claim that the employer failed to accommodate the handicapper.

Signature _____ Date _____

7. In consideration of my employment, I agree to the rules and regulations of the City of St. Ignace. I further acknowledge I will be on probationary status for a minimum of 1040 hours from my date of hire. As a probationary employee I may be required to work for undetermined number of days without any interruptions. As a probationary employee, I understand my employment and compensation can be terminated at any time with or without cause and with or without notice at the option of either the City or myself. I understand that no officer or representative of the City has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the City of St. Ignace and any such agreement must be made in a signed writing directed to me personally.

I further understand that after my probationary period ends, I will be subject to the terms and conditions of the collective bargaining agreement between City of St. Ignace and the _____. I acknowledge that no one has made any representations or statements contrary to the City's probationary at-will policy to me or about the City's economic outlook or stability either orally or in writing, and I acknowledge that no one has the authority to make such representations or statements to the contrary in the future.

Signature _____ Date _____

8. I agree that any lawsuit against the City arising out of my employment or termination of employment, including but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within six months of the event giving rise to claims or be forever barred. I waive any limitations period to the contrary.

Signature _____ Date _____

I have read, understand and agree to the terms of each of the above eight (8) individual statements, as indicated above.

Signature _____ Date _____

ACKNOWLEDGMENT
PLEASE READ CAREFULLY BEFORE SIGNING

I acknowledge and agree that all the statements made herein are subject to investigation and confirmation by the St. Ignace City Police and the information I have supplied is correct to the best of my knowledge. I understand that any deliberate falsifications, misrepresentations, or omissions of fact may preclude any offer of employment, or may result in a withdrawal of an employment offer, or may result in discharge from employment if I am already employed at the time the misrepresentation or omission is discovered.

I hereby authorize and release from liability any former employer, educational institution, or other person or institution to questions pertaining to information in this application, and to release the details of my work, skills, or actions in or transaction and to provide documentary evidence thereof to the City of St. Ignace . Further I release the City of St. Ignace from liability that might result from an investigation.

I understand that the use of this application does not indicate that there are positions available, nor does it imply or create an employment contract. I understand that the only employment contracts are those specifically authorized by the City of St. Ignace which have been reduced to writing and have been executed by both the employee and an authorized representative of the City of St. Ignace. Accordingly, I understand that no employment contract, either expressed or implied, for any period is created hereby should the City of St. Ignace hire me.

If hired, I understand that my employment is at-will, and can be terminated at any time with or without notice, for any reason at the option of either the City of St. Ignace or myself. Should the City of St. Ignace hire me, I agree to observe all of the City of St. Ignace employee policies, practices and procedures currently in existence and new and revised ones, which may be issued in the future.

Signature

Date

Printed Name