



EMPLOYMENT APPLICATION

City of Holland

CITY HALL
 270 S. RIVER AVENUE
 HOLLAND, MICHIGAN 49423
 (616) 355-1700
 E-MAIL: humanres@ci.holland.mi.us
 WEB SITE: www.ci.holland.mi.us

THE CITY OF HOLLAND IS AN EQUAL OPPORTUNITY EMPLOYER

GENERAL INFORMATION

DATE _____

Name _____ Social Security No. _____
 Last First Middle

Address _____ Telephone () _____

Are you under 18 years of age? Yes No. Are you legally eligible to work in the U.S.? Yes No.

Positions applied for 1. _____ Rate of pay expected \$ _____ per _____
 2. _____ Rate of pay expected \$ _____ per _____

How did you learn of this opening? _____

Do you want to work? Full-time Part-time. How soon could you start? _____

Specify days and hours if part-time _____

Have you worked or applied with us before? _____ If yes, when? _____

Why are you interested in working for the City of Holland? _____

Have you ever been convicted of a felony? Yes No If yes, explain when, where and nature of offense: _____

Are there any felony charges pending against you now? Yes No If yes, please explain: _____

BUSINESS REFERENCES

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

EDUCATION

EDUCATION	NAME OF SCHOOL	CITY	COURSE OF STUDY	DEGREE/ CERTIFICATE	DID YOU GRADUATE?
HIGH SCHOOL					<input type="checkbox"/> Yes <input type="checkbox"/> No
COLLEGE/POST GRADUATE					<input type="checkbox"/> Yes <input type="checkbox"/> No
BUSINESS/TRADE					<input type="checkbox"/> Yes <input type="checkbox"/> No

(continued on other side)

MILITARY SERVICE - Period of Service

From _____ To _____ Branch _____ Rank _____
Mo./Yr. Mo./Yr.

Duties _____

EMPLOYMENT INFORMATION - Please account for all periods of time, beginning with most recent employer.

EMPLOYER	DATES	RATES	JOB TITLE & DUTIES	REASONS FOR LEAVING
Name	From	Start		
Address	To	Final		
Supervisor				
Name	From	Start		
Address	To	Final		
Supervisor				
Name	From	Start		
Address	To	Final		
Supervisor				

SUPPLEMENTAL INFORMATION

Please indicate other training, qualifications and skills (i.e. computer proficiency, language, internships, etc.):

APPLICANT'S CERTIFICATION AND AGREEMENT - PLEASE READ CAREFULLY BEFORE SIGNING.

I hereby certify that all statements on this Application for Employment are made truthfully and without evasion, and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being employed, or if employed may result in my dismissal.

I authorize the references listed in this Application for Employment, and any prior employer, educational institutions, or any other persons or organizations to give the City of Holland any and all information concerning my previous employment/educational accomplishments, disciplinary information or any other pertinent information they may have, personal or otherwise, and release all parties from all liabilities for any damage that may result from furnishing same to you. I hereby waive written notice that employment information is being provided by any person or organization.

In accordance with ADA requirements, if I require an accommodation to perform the job, I must notify the City Human Resources Dept. of that need within 180 days after I knew or reasonably should have known that an accommodation was needed. Failure to do so will bar me from alleging that the City of Holland has not accommodated me as required by law.

I hereby authorize the City to secure criminal conviction history from the appropriate law enforcement agency, should the City determine it is necessary to do so.

I agree to take a physical exam and authorize the City with its designated agent(s) to withdraw specimen(s) of my blood, urine, or hair for chemical analysis. The purpose of this analysis is to determine or exclude the presence of alcohol, drugs or other substances. I understand that decisions concerning my employment will be made as a result of this test.

Applicant's signature **Date**

Thank you for your interest in employment with the City of Holland.