

**CITY OF SCOTTVILLE**  
**EMPLOYMENT APPLICATION**  
An Equal Opportunity Employer  
Drug Free Workplace

INSTRUCTIONS: Type or print in ink. Complete all questions, even if you enclose a resume. Extra pages may be attached if you need them. This form may be turned in at the Personnel Department or mailed to: City of Scottville, 105 N. Main Street, Scottville, MI 49454.

DATE \_\_\_\_\_ POSITION APPLIED FOR \_\_\_\_\_

NAME \_\_\_\_\_  
(last) (first) (middle)

PRESENT ADDRESS \_\_\_\_\_ LENGTH OF TIME \_\_\_\_\_  
(number/street) (city/state/zip)

PREVIOUS ADDRESS \_\_\_\_\_ LENGTH OF TIME \_\_\_\_\_  
(number/street) (city/state/zip)

HOME PHONE( ) \_\_\_\_\_ BUSINESS PHONE( ) \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

Have you ever been employed under a name other than the name you now use? ( ) No ( ) Yes  
If yes, what was it? \_\_\_\_\_

Are you under 18 years of age? ( ) No ( ) Yes (*Proof of eligibility to work will be required*)

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? ( ) No ( ) Yes  
(*Proof of citizenship or immigration status will be required upon employment*)

Person to notify in case of emergency:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_

If related to anyone employed by, or an elected official of, the City of Scottville, state Name and Department: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Referred by: Employee, friend, walk-in, employment agency, job posting, newspaper ad (please circle)

Have you applied to the City before? \_\_\_\_\_ For what position? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever been convicted of a crime? ( ) No ( ) Yes If Yes, give:

Charge \_\_\_\_\_ Court \_\_\_\_\_ Date \_\_\_\_\_

(*Conviction will not necessarily disqualify applicant from employment*)

Are there any reasons you may have difficulty in performing any of the major duties of the job for which you have applied? If so, please explain: \_\_\_\_\_

Present Draft Status \_\_\_\_\_  
 Are you a U.S. Armed Forces Veteran? ( ) No ( ) Yes  
 Branch of Service \_\_\_\_\_

Date of Entry \_\_\_\_\_ Date of Discharge \_\_\_\_\_

EDUCATION AND TRAINING:

Name and Address of Your Last High School:		Did you graduate? No ( ) Yes ( )					
		Are you in high school now? No ( ) Yes ( )					
		Highest grade completed? _____					
College or University Address	Number of Credits Completed		Type of Degree (BA, etc.)	Degree Completed		Major And Credits	Minor And Credits
	Semester Hours	Quarter Hours		Yes	No		
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Chief Unergraduate College Subjects	Number credits Completed		Chief graduate College Subjects	Number of Credits Completed			
	Semester Hours	Quarter Hours		Semester Hours	Quarter Hours		
_____	_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____	_____		
Business, Trade, or Vocational School and Address	Hours Per Week	Type of Degree or Certificate Pursued	Program Completed		Subjects or Course of Study		
			Yes	No			
_____	_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____	_____		

Major field of study at highest level of college work:

\_\_\_\_\_

\_\_\_\_\_

Other schools or training (for example, trade, vocational, armed forces, or business). Give for each the name and location (city, state, zip code if known) of school, dates attended, subjects studied, number of classroom hours of instruction per week, certificates, and any other pertinent data.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYMENT DATA  
INSTRUCTIONS:

List ALL JOBS you have held beginning with your current or most recent job. Include the types of work experiences or job skills obtained in the course of any military experience in your work history, if applicable. List each job you held with an employer separately. Use an extra sheet if necessary.

Job 1. CURRENT/MOST RECENT EMPLOYER: \_\_\_\_\_  
Address: \_\_\_\_\_ Employer's Business: \_\_\_\_\_  
Date started: \_\_\_\_\_ Date ended: \_\_\_\_\_ Pay: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Hrs/wk: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Describe what you did: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job 2. EMPLOYER: \_\_\_\_\_  
Address: \_\_\_\_\_ Employer's Business: \_\_\_\_\_  
Date started: \_\_\_\_\_ Date ended: \_\_\_\_\_ Pay: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Hrs/wk: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Describe what you did: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job 3. EMPLOYER: \_\_\_\_\_  
Address: \_\_\_\_\_ Employer's Business: \_\_\_\_\_  
Date started: \_\_\_\_\_ Date ended: \_\_\_\_\_ Pay: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Hrs/wk: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Describe what you did: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job 4. EMPLOYER: \_\_\_\_\_  
Address: \_\_\_\_\_ Employer's Business: \_\_\_\_\_  
Date started: \_\_\_\_\_ Date ended: \_\_\_\_\_ Pay: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Hrs/wk: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Describe what you did: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_