

**VILLAGE OF WEBBERVILLE**

**APPLICATION FOR EMPLOYMENT**

**To The Applicant:** We appreciate your interest in the Village of Webberville and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position that, in our judgment, best meets your qualifications.

**The Village of Webberville is an Equal Opportunity Employer**

Name \_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_  
Street City State Zip  
Telephone # ( ) Mobile # ( ) E-mail Address \_\_\_\_\_  
Position(s) applying for \_\_\_\_\_ Date of Application \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Referral Source (Please check the appropriate category and name the source.)  
\_\_\_\_ Walk-in \_\_\_\_\_ School \_\_\_\_\_  
\_\_\_\_ Employee \_\_\_\_\_ Staffing Agency \_\_\_\_\_  
\_\_\_\_ Advertisement \_\_\_\_\_ Village Website \_\_\_\_\_  
\_\_\_\_ Internet \_\_\_\_\_ Other \_\_\_\_\_

If necessary, best time to call you at home is \_\_\_\_\_ AM  
\_\_\_\_\_ PM  
May we contact you at work? \_\_\_\_\_  
If yes, work number and best time to call: \_\_\_\_\_ AM  
\_\_\_\_\_ PM  
If you are under 18 and it is required, can you furnish a work permit? \_\_\_\_ Yes \_\_\_\_ No  
If no, please explain: \_\_\_\_\_  
Do you currently have the legal right to work in the United States? \_\_\_\_ Yes \_\_\_\_ No  
Have you submitted an application here before? If yes, give dates and positions: \_\_\_\_ Yes \_\_\_\_ No  
\_\_\_\_\_  
Have you ever been employed here before? If yes, give dates and positions: \_\_\_\_ Yes \_\_\_\_ No  
\_\_\_\_\_  
Date Available for work \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
What is your desired salary range? \$ \_\_\_\_\_  
Type of employment desired: \_\_\_\_ Full-Time \_\_\_\_ Part-Time \_\_\_\_ Temporary \_\_\_\_ Seasonal \_\_\_\_ Educational Co-Op  
Will you relocate if job requires it? \_\_\_\_ Yes \_\_\_\_ No  
Will you travel if job requires it? \_\_\_\_ Yes \_\_\_\_ No  
If they have been explained to you, are you able to meet the attendance requirements of the position? \_\_\_\_ Yes \_\_\_\_ No  
Will you work overtime if required? \_\_\_\_ Yes \_\_\_\_ No  
If no, please explain: \_\_\_\_\_

### EMPLOYMENT HISTORY

Please give an accurate, complete, full-time and part-time employment record. Start with present or most recent employer. (List additional employers on a separate sheet, if necessary.)

Company	Telephone
Address <span style="float: right;">City, State, Zip</span>	Employed (month/year) From <span style="float: right;">To</span>
List Job Title & Responsibilities	Reason for Leaving

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Have you ever been discharged or requested to resign any job?  Yes  No

If yes, please explain circumstances: \_\_\_\_\_  
 \_\_\_\_\_

Are you presently employed?  Yes  No

## EDUCATION

Applicants for certain positions may be required to provide transcripts.

Education	Name & Location of School	No. of Years Completed	Subjects Studied	Degree Earned
High School				
College/University				
Vocational/Trade/Graduate				

## SKILLS AND QULAIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Computer Skills** (check appropriate skills. Include software titles and years of experience)

___ Word Processing _____ Years ___ ___ Spreadsheet _____ Years ___ ___ Presentation _____ Years ___	___ E-mail _____ Years ___ ___ Internet _____ Years ___ ___ Other _____ Years ___
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To what job-related organizations (professional, trade, etc.) do you belong? (Please exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.)

Organization	Offices Held

Do you presently have a valid Michigan driver's license? \_\_\_ Yes \_\_\_ No

Type of License: Operators License \_\_\_\_\_ Commercial Drivers License (CDL) \_\_\_\_\_  
 Endorsements: \_\_\_\_\_ Current No. of Points: \_\_\_\_\_

## REFERENCES

Please give the names of three (3) people, not related to you, whom you have known for over one (1) year.

NAME	ADDRESS	TELEPHONE NO.	RELATIONSHIP	YEARS KNOWN

**SIGNATURE**  
**(Please read carefully before signing)**

- I certify that the answers and information given by me in this application are true, correct and complete without qualification. I understand that the Village has the right to refuse to hire or immediately discharge me, at any time, if it discovers that I have provided incomplete, untrue or misleading answers or information in this application or on any other documents or forms submitted at any time during my employment.
- I hereby authorize the Village to verify the answers and information given by me in this application and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions and any other third party contacted by the Village to release to the Village any information they have regarding me without providing written notice to me.
- I authorize the Village to use any information in its possession concerning me for any purpose it deems appropriate, including disclosure of information to any third party, future employer or prospective future employer without notification to me of such disclosure and I release the Village from any liability in connection with such use or disclosure.
- If I am hired by the Village, I understand and agree that I will be bound by the rules, regulations, policies, procedures and other terms and conditions of employment of the Village as they are from time-to-time changed, with or without notice to me.
- I understand that the Village, in accordance with the provisions of the Americans with Disabilities Act, shall require job applicants to undergo a medical examination after an offer of employment has been made and prior to the commencement of employment duties and may condition the offer of employment on the results of such examination.
- I understand as a condition of my employment, I shall be required to take a pre-employment drug test for the illegal use of drugs, which may include the collection of urine samples from my person. I agree that the results of this test may be submitted to the Village, or its authorized representative and I expressly release the collection agency and the testing laboratory from any and all liability for performing the requested test, communicating the results to the Village. I understand that if the results of any pre-employment drug tests are positive, it will be cause for rejection of my application or, if I am hired, that my employment with the Village may be immediately terminated.
- If I am hired by the Village, I understand that I have the right to terminate my employment at any time and for any reason, with or without notice. I further understand that, except as set forth in any collective bargaining agreement, the Village can terminate the employment relationship for just cause. This employment relationship exists regardless of any other written statements or policies or any other Village document or any verbal statement to the contrary. No one except the Village Council can enter into any kind of employment relationship or agreement that is contrary to the above. To be enforceable, such relationship or agreement must be in writing and personally signed by the Village President and myself.
- If I am hired by the Village, I understand and agree that any and all claims or disputes that are subject to state or federal court jurisdiction, and which arise between myself and the Village or its agents, shall be submitted to arbitration for resolution under the provisions and authority of the Michigan Arbitration Act, MCL 600.5001 and MCR 3.602. I understand that my agreement to arbitrate these disputes does not waive or limit any of my substantive rights or remedies.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_