

BOROUGH OF HIGHLANDS

Employment History: This section must be completed even if you attach a resume. List your last four employers or volunteer assignments. Begin with the most recent. Include any military service. Explain any gaps in employment in the space on this form marked comments located on the bottom of this page.

Employer:	Date Started:	Nature of work performed/job responsibilities:
Address:		
Job Title:	Date Left:	
Reason for Leaving:		
Supervisor's Name and Phone Number:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Date Started:	Nature of work performed/job responsibilities:
Address:		
Job Title:	Date Left:	
Reason for Leaving:		
Supervisor's Name and Phone Number:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Date Started:	Nature of work performed/job responsibilities:
Address:		
Job Title:	Date Left:	
Reason for Leaving:		
Supervisor's Name and Phone Number:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Date Started:	Nature of work performed/job responsibilities:
Address:		
Job Title:	Date Left:	
Reason for Leaving:		
Supervisor's Name and Phone Number:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments and Special Training: Please list any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position in which you are applying.

BOROUGH OF HIGHLANDS

Education

SCHOOL	YEARS COMPLETED (CIRCLE)	GRADUATED (CIRCLE)	MAJOR FIELDS
High:	1 2 3 4	YES NO	
College:	1 2 3 4	YES NO	
Other:	1 2 3 4	YES NO	

References: List 3 individuals whom we may contact as a reference, not relatives.

NAME & ADDRESS	PHONE NUMBER	YEARS KNOWN

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with Borough of Highlands is true, complete and correct. I understand that my application may be rejected if any information is not complete and accurate. If hired, I understand that I may be separated from employment if Borough of Highlands later discovers that information on this form was incomplete, misrepresented in any respect or inaccurate.

I give Borough of Highlands, it's representatives or agents the right to investigate the information I have provided and verify the accuracy of all information provided by me in this application; including but not limited contacting former employers (except where I have indicated they may not be contacted). I give Borough of Highlands the right to secure and verify job-related, educational and training information about that I have provided. I hereby waive any and all rights and claims I may have regarding Borough of Highlands and its representatives from all liability for seeking such information in the employment process and all other persons, corporations or organizations for furnishing such information.

I understand that Borough of Highlands is an equal-opportunity employer and does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that, if employed, I may resign at any time and that Borough of Highlands may terminate me at any time in accordance with its established policies and procedures. This application does not constitute an agreement or contract for employment and I understand that No representatives of Borough of Highlands may make any assurances to the contrary.

I also understand that any offer of employment, may be subject to job-related medical, physical, drug or psychological tests. I also understand that some positions may involve complete background and criminal checks.

Please read the Applicant Statement above prior to signing below.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Applicant's Signature _____ Date _____ / _____ / _____

EEO MANDATORY INFORMATION - BOROUGH OF HIGHLANDS

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship age, mental or physical disabilities, veteran/reserve/national guard or any similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

In order to comply with EEO mandates it is necessary for the applicant to complete the following request for information. The information sought shall not be used in decisions regarding the hiring of qualified applicants on the basis of race, color, religion, sex, national origin, sexual orientation, age, citizenship, or mental or physical disabilities. However, no application will be considered unless the following information is supplied and failure to supply same will be deemed as an incomplete application.

PLEASE PRINT

Position(s) applied for _____ Date ____/____/____

Referral Source

- | | | |
|---|---|--|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement – Source _____ | | <input type="checkbox"/> Other _____ |

Name of person who referred you (if applicable) _____

Applicant Information

Name _____ Telephone (_____) _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

- Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | | |
|---|---|--|
| <input type="checkbox"/> White (not of Hispanic Origin) | <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Multiracial (having parents of different races) |
- THIS IDENTIFICATION GROUP IS RECOGNIZED ONLY IN THE STATE OF MICHIGAN.**

For Administrative Use Only

Position(s) applied for Available Not Available

Other position considered for _____

Hired Yes No

Position hired for _____ Date of hire ____/____/____

From the EEO job classifications listed below, which one best describes the position filled?

- | | | |
|---|--|--|
| <input type="checkbox"/> Officials and Managers | <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Office and Clerical Workers | <input type="checkbox"/> Laborers (unskilled) |
| <input type="checkbox"/> Technicians | <input type="checkbox"/> Craft Workers (skilled) | <input type="checkbox"/> Service Workers |

Notes _____

Completed by _____ Date ____/____/____