

Application For Employment

Village of Mackinaw City

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Date of Application: _____

Position(s) Applied For: _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other: _____

Name: _____
LAST FIRST MIDDLE

Address: _____
NUMBER STREET CITY STATE ZIP CODE

Telephone: (_____) _____
AREA CODE

If employed and you are under 18,
can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If Yes, give date: _____

Have you ever been employed here before? Yes No If Yes, give date: _____

Are you employed now? Yes No May we contact your present employer? Yes No

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

On what date would you be available for work? _____

Are you available to work Full Time Part-Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
(conviction will not necessarily disqualify applicant from employment.)

If yes, please explain: _____

AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

Start with your present or last job. You may exclude organization names which indicate race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

1	Employer	Telephone	Dates Employed		Work Performed
		()	From	To	
	Address, City, State, Zip				
	Job Title	Hourly Rate/Salary			
		Starting	Final		
	Supervisor				
Reason For Leaving			Permission To Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		
2	Employer	Telephone	Dates Employed		Work Performed
		()	From	To	
	Address, City, State, Zip				
	Job Title	Hourly Rate/Salary			
		Starting	Final		
	Supervisor				
Reason For Leaving			Permission To Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		
3	Employer	Telephone	Dates Employed		Work Performed
		()	From	To	
	Address, City, State, Zip				
	Job Title	Hourly Rate/Salary			
		Starting	Final		
	Supervisor				
Reason For Leaving			Permission To Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		
4	Employer	Telephone	Dates Employed		Work Performed
		()	From	To	
	Address, City, State, Zip				
	Job Title	Hourly Rate/Salary			
		Starting	Final		
	Supervisor				
Reason For Leaving			Permission To Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications Acquired from employment or other experience: _____

Veteran of the US Military Service? Yes No If Yes, Branch _____

Honorable Discharge? Yes No

Indicate languages you speak, read, and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status):

Education

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate?	List Diploma or Degree
Elementary		[Cross-hatched]	5 6 7 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	[Cross-hatched]
High School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Personal References (Not Former Employers or Relatives)

	Name and Occupation	Address	Telephone Number	Best Time to Contact
1				
2				
3				

May we telephone you to follow up on this application at home? Yes No If so, best time? _____

May we telephone you to follow up on this application at work? Yes No If so, best time? _____

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I understand that neither this application nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing. I also understand that I am required to abide by all rules and regulations of the employer.

By signing below, and pursuant to Michigan law, I hereby waive my right to written notice by my present and/or former employers whenever a disciplinary report, letter of reprimand, or other disciplinary action regarding me is divulged to you by present or former employers. I also authorize the employer to whom I am submitting this application to gather or keep a record of my associations, political activities, or communications of nonemployment activities or to both gather and keep such a record.

Signature of Applicant: _____ Date: _____

For Personnel Department Use Only		
Arrange Interview: <input type="checkbox"/> Yes <input type="checkbox"/> No	Interviewer:	
	Date:	
Remarks:		
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment:	
Job Title:	Hourly Rate/Salary:	Department:
By Name and Title:		
		Date:

Marina Employment

The Mackinaw City Municipal Marina operates from May 1 through October 30.

Please state the following:

The date when you are available to begin employment: _____

The date you will end your summer employment: _____

Reason for leaving before the end of the season (school, etc.)

If you are leaving to attend school, are you available to work any weekends after school begins: Yes No

Applicant Signature

Date: _____

Please return or mail the application and this sheet to:

Harbormaster
Mackinaw City Municipal Marina
107 S. Huron Avenue
Post Office Box 580
Mackinaw City, MI 49701