

CITY OF MICHIGAN CITY, INDIANA
APPLICATION FOR SEASONAL EMPLOYMENT
 An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decision be based on job-related factors. This application for employment will remain active for a limited time. Ask organizational representative for details.

Answer each question fully and accurately. No action can be taken on this Application until you have answered all questions. Use blank paper if you do not have enough room on this Application. PLEASE PRINT, except for signature on back of Application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

Job Applied For: _____ Today's Date: _____

Last Name _____ First Name _____ Middle Name _____ Telephone Number _____

Present Street Address _____ City _____ State _____ Zip _____

Are you 18 years of age or older? (If you are hired, you may be required to submit proof of age.) Yes No
 If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Social Security Number (optional) _____

Have you ever applied here before? Yes No If yes, when? _____
 Were you ever employed here? Yes No If yes, when/where? _____
 Do you have relatives working for the City? Yes No If yes, department. _____
 If yes, relationship. _____

When can you begin employment? _____ What is your last available date for work? _____

What position(s) would you be most qualified for:

- | | | |
|--|---|--|
| <input type="checkbox"/> Zoo – Cashier or Concessions | <input type="checkbox"/> Golf Course – Maintenance | <input type="checkbox"/> Lifeguard |
| <input type="checkbox"/> Zoo – Education Intern | <input type="checkbox"/> Golf Course – Clerk Pro Shop | <input type="checkbox"/> Parking Lot Attendant |
| <input type="checkbox"/> Splash Pad – Concession Manager | <input type="checkbox"/> Golf Course – Clerk Snack Shop | <input type="checkbox"/> Day Camp Leader |
| <input type="checkbox"/> Splash Pad – Concessionaire | <input type="checkbox"/> Golf Course – Cart Laborer | <input type="checkbox"/> Gas Dock Attendant |
| <input type="checkbox"/> Splash Pad – Operator | <input type="checkbox"/> Maintenance Laborer – All | <input type="checkbox"/> Maintenance Custodian |

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes No
 If yes, give details _____
(A "yes" answer does not automatically disqualify you from employment, since the nature of the offense; date and job for which you are applying are also considered)

Are you now or do you expect to be engaged in any other business or employment? Yes No
 If yes, please explain _____

For Driving Jobs ONLY: Do you have a valid driver's license? Yes No
 Driver's License Number: _____ Class of License _____

Have you had your Driver's License suspended or revoked in the last three (3) years? Yes No
 If yes, give details _____

List Name and Address of Schools	No. of Years Completed	Diploma/Degree/ Certificate	Subjects Studied
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High School or GED: _____
 College or University: _____
 Vocational or Technical: _____

What skills or additional training do you have that relate to the job for which you are applying: _____

What machines or equipment can you operate that relate to the job for which you are applying: _____

List names of employers with present employer listed first. Account for all periods of time including military service and unemployment. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT From: _____ To: _____
CITY, STATE, ZIP		PAY Start: \$ _____ Final: \$ _____
SUPERVISOR	TELEPHONE	REASON FOR LEAVING

NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT From: _____ To: _____
CITY, STATE, ZIP		PAY Start: \$ _____ Final: \$ _____
SUPERVISOR	TELEPHONE	REASON FOR LEAVING

NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT From: _____ To: _____
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NAME OF EMPLOYER		JOB TITLE AND DUTIES
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CITY, STATE, ZIP		PAY Start: \$ _____ Final: \$ _____
SUPERVISOR	TELEPHONE	REASON FOR LEAVING

Have you worked or attended school under any other name:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, give details. _____		
Are you presently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, whom should we contact? _____		
Have you ever been fired from a job or asked to resign?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain. _____		
List three references, not relatives or former employers:		
Name:	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please Read Each Statement Carefully Before Signing

I certify that all information provided in this employment Application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered later. I also understand that the employer may request an investigative consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this Application. I also authorize whether listed or not, any person, school, current employer, past employer and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that this Application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period. If employed, I understand I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice. I have read, understand and by my signature consent to these statements.

Signature: _____ Date: _____