



No: \_\_\_\_\_  
 NAME OF SCHOOL ATTENDED CITY STATE

**b. Continuing Education**

Post High School Education	Vocational/Technical School Or Other	Undergraduate College or University	Graduate Professional
School Name:			
City and State			
Check Box for Number of Years Completed	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Diploma/Degree Received			
Course of Study and/or Relevant Course Work			

**6. OTHER TRAINING: List Other Schools or Training which help you qualify for this position:**

Training Site/Provider Name Location (City State)	Dates Attended (From / To)	Did you Complete?	Course Title/Description	Total Hours

**7. LICENSES/REGISTRATION, OR CERTIFICATES**

Name of Licensing Agency Location (City/State)	Type of License	Endorsement/Restriction (If applicable)	Date Licensed	Date Expires (If applicable)

**8. RELEVANT SKILLS:** Please list all skills relevant to this position. If the space provided is not adequate, you may respond to this section by attaching a separate sheet of paper.

1. Skills with office machines \_\_\_\_\_

\_\_\_\_\_

2. Skills with data entry equipment, personal computer (list programs):

\_\_\_\_\_

\_\_\_\_\_

3. Other tools/equipment: \_\_\_\_\_  
\_\_\_\_\_

**9. AVAILABILITY:**

- a. Date you are available to work: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- b. Will you accept:  Full-Time  Part-Time (30 hours or less per week).
- c. Are you available to work overtime if necessary?  Yes  No

**10. WORK EXPERIENCE. Instructions:** Beginning with today: 1) List every job held during the past three years or more; 2) List each promotion as a separate position; 3) Account for all gaps in employment. 4) You should also include any other experience (e.g., military or volunteer work) that you have which is relevant to the position for which you are applying. If the space provided is not adequate, you may respond to this section in the following: by using additional copies of page 3 of this application; use the "Additional Work History Sheet;" OR on a separate sheet of paper if all questions in the blocks are answered and the same format is followed. **This information must be completed even if a resume or other application materials are submitted. DO NOT ATTACH A RESUME IN LIEU of this form. LATE, INCOMPLETE and/or UNSIGNED application material, including those which do not follow the instructions, will NOT be considered.**

**NOTICE TO APPLICANTS:** All information you provide on this application is subject to verification. Previous employers will be contacted as references and for verification.

DO you want to be informed before we contact your present employer?  Yes  No.

Employer Name: \_\_\_\_\_ Dates Employed \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
Mailing Address: \_\_\_\_\_ Job Title: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Full time  Part-time

Volunteer

Phone Number: \_\_\_\_\_ Avg Hrs/Wk: \_\_\_\_\_ (e.g. 40, 32, 25, 5, etc.)  
Describe your duties (knowledge, skills, abilities required, employees supervised, and accomplishments):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason \_\_\_\_\_ for \_\_\_\_\_ Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer Name: \_\_\_\_\_ Dates Employed \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
Mailing Address: \_\_\_\_\_ Job Title: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Full time  Part-time

Volunteer

Phone Number: \_\_\_\_\_ Avg Hrs/Wk: \_\_\_\_\_ (e.g. 40, 32, 25, 5, etc.)  
Describe your duties (knowledge, skills, abilities required, employees supervised, and accomplishments):  
\_\_\_\_\_  
\_\_\_\_\_

Reason \_\_\_\_\_ for \_\_\_\_\_ Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Dates Employed \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Mailing Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Full time  Part-time

Volunteer

Phone Number: \_\_\_\_\_ Avg Hrs/Wk: \_\_\_\_\_ (e.g. 40, 32, 25, 5, etc.)

Describe your duties (knowledge, skills, abilities required, employees supervised, and accomplishments):

Reason for Leaving: \_\_\_\_\_

**11. HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH THE CITY OF MUSKEGON HEIGHTS?**  Yes  No If "Yes":

Date(s) applied: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

Were You Hired?  Yes  No If Yes, what department? \_\_\_\_\_ Supervisor: \_\_\_\_\_

**12. IF RELATED TO ANYONE IN OUR EMPLOY, GIVE NAME, AND DEPARTMENT:**

**13. PLEASE READ CAREFULLY: HAVE YOU BEEN CONVICTED UNDER ANY CRIMINAL LAW OR TRAFFIC REGULATION WITHIN THE PAST THREE YEARS?** (Include all except parking tickets)  Yes  No (An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.) If "Yes", give date, location and the disposition of each case. (Use additional sheets if necessary.)

#### REFERENCES

(Please include the best time to contact)

1. Professional Reference: \_\_\_\_\_ Telephone # \_\_\_\_\_

2. Professional Reference: \_\_\_\_\_ Telephone # \_\_\_\_\_

3. Personal Reference: \_\_\_\_\_ Telephone # \_\_\_\_\_

**APPLICANT CERTIFICATION**

**LATE, INCOMPLETE** and/or **UNSIGNED APPLICATION** material, including those which do not follow the instructions, will not be considered.

*I hereby certify that all information on this application and all attached materials is true, correct, and complete to the best of my knowledge and contains no falsifications or misrepresentations. I am aware that falsifications or misrepresentations may disqualify me from consideration for employment or, if hired, may be grounds for termination at a later date.*

Only submit what is requested on the Position Vacancy Announcement. If you attach additional material, please check all that apply.

- Resume       Application Supplement       Transcripts       Copy of current driver's license
- DD-214       PHHS Certification       Additional Work History Sheets, Number of Pages:

\_\_\_\_\_

- Other (list) \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Sign and submit as instructed. SIGNATURE MUST BE ORIGINAL.**