



City of Kingsford

The Progressive City

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NUMBER		
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PHONE	ARE YOU 18 YEARS OR OLDER?	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?		

DESIRED EMPLOYMENT

POSITION APPLYING FOR	DATE YOU CAN START	
ARE YOU EMPLOYED NOW?	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
PREVIOUSLY APPLIED WITH THIS ORGANIZATION?	WHERE?	WHEN?
PREVIOUSLY WORKED FOR THIS ORGANIZATION?	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS ORGANIZATION		
WHO REFERRED YOU TO THIS ORGANIZATION		

EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SPECIAL TRAINING
SPECIAL SKILLS
PLEASE LIST ANY CERTIFICATIONS, ENDORSEMENTS OR LICENSES YOU HOLD.

FORMER EMPLOYERS (LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT)

NAME OF EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

REFERENCES (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS / PHONE NUMBER	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE	RANK

SPECIAL QUESTIONS

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS?
IF YES, EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION).

AUTHORIZATION

THE CITY OF KINGSFORD IS AN EQUAL OPPORTUNITY EMPLOYER. THE CITY OF KINGSFORD DOES NOT DISCRIMINATE IN EMPLOYMENT ON ACCOUNT OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, CITIZENSHIP STATUS, ANCESTRY, AGE, SEX (INCLUDING SEXUAL HARRASSMENT), SEXUAL ORIENTATION, MARITAL STATUS, PHYSICAL OR MENTAL DISABILITY, MILITARY STATUS OR UNFAVORABLE DISCHARGE FROM MILITARY SERVICE.

"I UNDERSTAND THAT NEITHER THE COMPLETION OF THIS APPLICATION NOR ANY OTHER PART OF MY CONSIDERATION FOR EMPLOYMENT ESTABLISHES ANY OBLIGATION FOR THE CITY OF KINGSFORD TO HIRE ME. IF I AM HIRED, I UNDERSTAND THAT EITHER THE CITY OF KINGSFORD OR I CAN TERMINATE MY EMPLOYMENT AT ANY TIME AND FOR ANY REASON, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE. I UNDERSTAND THAT NO REPRESENTATIVE OF THE CITY OF KINGSFORD HAS THE AUTHORITY TO MAKE ANY ASSURANCE TO THE CONTRARY."

"I ATTEST WITH MY SIGNATURE BELOW THAT I HAVE GIVEN TO THE CITY OF KINGSFORD TRUE AND COMPLETE INFORMATION ON THIS APPLICATION. NO REQUESTED INFORMATION HAS BEEN CONCEALED. I AUTHORIZE THE CITY OF KINGSFORD TO CONTACT REFERENCES PROVIDED FOR EMPLOYMENT REFERENCE CHECKS. IF ANY INFORMATION I HAVE PROVIDED IS UNTRUE, OR IF I HAVE CONCEALED MATERIAL INFORMATION, I UNDERSTAND THAT THIS WILL CONSTITUTE CAUSE FOR THE DENIAL OF EMPLOYMENT OR IMMEDIATE DISMISSAL."

SIGNATURE OF APPLICANT	DATE

THIS APPLICATION IS VALID ONLY FOR 90 DAYS FROM THE DATE SIGNED ABOVE.

Last Revised 04/2019

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www.cityofkingsford.com

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