

U.S. ARMED FORCES SERVICE?     YES     NO

Branch: \_\_\_\_\_ Rating at time of discharge: \_\_\_\_\_

Were you dishonorably discharged?     Yes     No  
 If yes, explain: \_\_\_\_\_

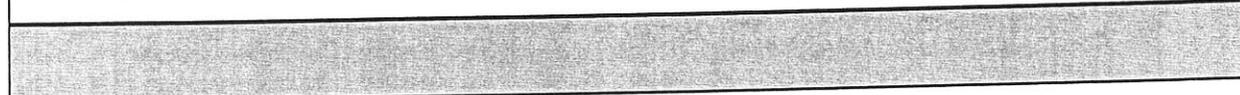
Are you able to do the job for which you are applying?     Yes     No  
 If not, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you 18 years of age or older?     Yes     No

Have you ever been convicted of a crime?     Yes     No  
 If yes, explain when, where, and the nature of the offense: \_\_\_\_\_  
 \_\_\_\_\_  
 (Conviction of a crime will not be an automatic bar to employment.)

Are you authorized to work in the United States?     Yes     No

If hired, when can you start? \_\_\_\_\_



**EDUCATION**

SCHOOL	NAME OF SCHOOL	# OF YEARS ATTENDED	CITY/STATE	COURSE
GRAMMAR				
HIGH SCHOOL				
COLLEGE				
OTHER				

**PRIOR WORK EXPERIENCE**

NAME AND ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT		REASON FOR LEAVING	TYPE OF WORK DONE	STARTING PAY	FINAL PAY
	FROM	TO				

**BUSINESS REFERENCES**

NAME	ADDRESS/TELEPHONE NUMBER	OCCUPATION

*I certify that my answers are true and complete to the best of my knowledge.  
 If this application leads to employment, I understand that false or misleading information in my application or interview  
 may result in my release.*

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

**APPLICANT'S CERTIFICATION, AUTHORIZATION, AND ACKNOWLEDGMENT**

I certify that the information contained in my employment application is true and accurate. I understand that falsification of this information will result in my dismissal from employment.

I understand that the City of Watervliet may obtain a credit report about me. I authorize the City of Watervliet to obtain such a report and to make an investigation of my employment history and my personal history through any investigative agencies or bureaus of its choice, and to contact my current and former employers. I authorize these references to give the City of Watervliet any and all information concerning my previous employment and other pertinent information they may have, personal, or otherwise. I also authorize the City of Watervliet to obtain a copy of my motor vehicle report. I hereby release all parties from any liability that may result from any investigation conducted and/or the release or furnishing of information to the City of Watervliet.

I understand that upon an offer of employment, I may be required to pass a physical examination prior to employment, which may include a drug-screening test. I understand that the City of Watervliet reserves the right to require a drug-screening test at any time during my employment.

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Applicant Signature

Date

[Public Works/ Police only:]

I further understand that, if I am hired, I will be required as a condition of employment, to have and maintain a valid Michigan driver's license at all times during my employment. I certify that I presently have a valid Michigan driver's license. I further understand that if I am hired, I will be required to notify my employer of any and all motor vehicle violations placed on my license within five (5) days of such a conviction and immediately if there is the imposition of any limitation on my license. I will be given a form to report any and all such violations and/or limitations to my employer.

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Applicant Signature

Date