



Employment Application
An Equal Opportunity Employer

Name (Last, First, M.I.)	Social Security Number	Today's Date
Present Address (Street, City, State & Zip)		Phone Number

This employment application will be active for no more than 45 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether applications are being accepted at that time.

It is the City's policy to provide equal opportunity in all aspects of the employment relationship – including recruitment, hiring, promotion, and all conditions and privileges of employment – to all employees without discrimination because of race, creed, color, age, religion, sex, national origin, qualifying disability, material status, height, weight, or veteran status. No question on this application is intended to elicit information for a discriminatory purpose.

Are you at least 18 years old?	
Do you have the right to remain permanently in the U.S. and do you have authorization to work in the U.S.?	
Have you worked under a different name before?	If yes, explain:

Position applied for (use specific title)	Date available
How did you learn about this opening?	
Times you can work: Day Afternoon Night	
Are you presently employed?	If yes, where?
Have you ever applied with us before?	If so, when and for what position?
Wage expected:	
Are you related to or know anyone who currently works for the City? If yes, please name the individual(s)	

Education

High School

Name & Location	Course of Study	Yrs Completed	Graduate?	Diploma/Degree	GPA

College

Name & Location	Course of Study	Yrs Completed	Graduate?	Diploma/Degree	GPA

Other formal education, training, or experience which you feel is relevant to the position for which you are applying:

Extracurricular Activities:

Personal References (excluding relatives or former employers)

(Name)	(Address)	(Phone)

Employment History

List below your past and present employment, starting with the most recent. Include U.S. military service experience. Do not skip any employers.

Name/Address		
Position	Starting Salary	Ending Salary
Description of Duties		
Supervisor's Name	Employed from - to	
Reason(s) for leaving		

Name/Address		
Position	Starting Salary	Ending Salary
Description of Duties		
Supervisor's Name	Employed from - to	
Reason(s) for leaving		

Name/Address		
Position	Starting Salary	Ending Salary
Description of Duties		
Supervisor's Name	Employed from - to	
Reason(s) for leaving		



Applicant Consent Form For Drug & Alcohol Screening

The City of Grandville (“the City”) may, through a testing service of its choice, collect a blood, urine, hair, saliva, or breath sample from me and conduct necessary medical test to determine the presence or use of drugs, including alcohol and controlled substances. I release the City from any liability arising out of such test and agree to be bound by its results. I agree that the test results and other relevant medical information may be released to City management for appropriate review. It is understood that I may need to sign this consent again, for verification purposes, if I am scheduled for a pre-employment drug & alcohol screening. I also understand that if I refuse to execute this consent, I will not be considered for employment.

(Applicant’s Signature)

(Date)