## PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE



Please drop off or mail application to:

The Village of Newberry 302 East McMillan Avenue Newberry, MI 49868

## APPLICATION FOR EMPLOYMENT APPLICANTS

### WILL BE TESTED FOR ILLEGAL SUBSTANCES

PLEASE COMPLETE PAGES 1-5.				DATE			
Name							
	Last	First		Middle		Maiden	
Present address							
	Number	Street	City	State	Zip		
How long at this address	:	So	cial Se	curity No.	<b>-</b>		
Telephone ()		EMAII -					
If under 18, please list ag	ge						
Position applied for (1) and desired wage (2) (Be specific)			No F Mon Tue	Pref	ailable to work Thur Fri Sat Sun		
How many hours can you work weekly? Can you work nights?							
Employment desired □FULL-TIME ONLY □PART-TIME ONLY □FULL- OR PART-TIME  When available for work?							
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)			OF YEARS PLETED	MAJOR & DEGREE	
High School							
College							
Bus. or Trade School							
Professional School							
HAVE YOU EVER BEEN  If yes, explain number of committed, sentence(s) i	conviction(s), nature of o	offense(s) leading to c	onvicti	☐ Yes on(s), how	recently such o	offense(s) was/were	

# PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

	ALLEGATION	OR EIVIPLOTIVIENT		
DO YOU HAVE A DRIVER'S LICENSE?	☐ Yes ☐ No	DO YOU HAVE A	A CDL LICENSE?	Yes □ No
What is your means of transportation to v	ork?			
Driver's license number	State of issue	☐ Operator	☐ Commercial (CDL)	□Chauffeur
Expiration date			_ coc.c.a. (c2 2)	
Have you had any motor vehicle acciden	s during the past three	years?	How many?	
Have you had any motor vehicle moving	violations during the pa	st three years?	How Many?	
	OFFIC	CE ONLY		
☐ Yes Typing ☐ No WPM		Yes Word No Proces		WPM
Personal ☐ Yes PC ☐ Computer ☐ No Mac ☐				
Please list two references other than rela	tives or previous emplo	yers.		
Name		Name		
Position		Position		
Company		Company		
Address		Address		
Telephone ( )		Telephone ( )		
An application form sometimes makes it space below to summarize any additional				
which you are applying.				

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE								
APPLICATION FOR EMPLOYMENT								
		MILIT	TARY					
HAVE YOU EVER BEEN IN THE A	RMED FORCES?			□ Yes □	No			
ARE YOU NOW A MEMBER OF T	HE NATIONAL GUA	ARD?		□ Yes □	No			
Specialty		Date En	tered		Disch	arge Date		
	work experience t employed, give fi							
Name of employer Address				e of last ervisor	Employme	nt dates	Pay or salary	
City, State, Zip Code Phone number					From		Start	
					То		Final	
			Your las	st job title				
Reason for leaving (be specific)								
List the jobs you held, duties perfor company.	med, skills used or	learned,	advancer	ments or pro	motions while	e you woi	ked at this	
Name of employer Address				e of last ervisor	Employme	nt dates	Pay or salary	
City, State, Zip Code Phone number					From		Start	
					То		Final	
			Your La	st Job Title				
Reason for leaving (be specific)								
List the jobs you held, duties perfor company.	med, skills used or	learned,	advancer	ments or pro	motions whil	e you woi	ked at this	

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

		APPLICA	ATION FO	OR EMPLOYMENT		
Work experience	Please list your work expe If you were self-employed,	rience for , give firm	the <b>past</b> name. <b>A</b>	five years beginning ttach additional she	with your most recent eets if necessary.	job held.
Name of emplo				Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Phone number	Code				From	Start
					То	Final
				Your last job title		
Reason for lea	ving (be specific)					
company.	ou held, duties performed, ski		,			
Name of emplo Address				Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Phone number					From	Start
					То	Final
				Your last job title		
Reason for lea	ving (be specific)					
List the jobs yo company.	ou held, duties performed, ski	lls used or	r learned,	advancements or pr	omotions while you wo	rked at this
·	ct your present employer? ete this application yourself	□ Yes	□ No			

### PLEASE READ CAREFULLY

#### **APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by **The Village of Newberry** (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of **The Village of Newberry**, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President / Manager of the Company. Both the undersigned and **The Village of Newberry** may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant	Date:

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in the Village of Newberry.

The Village of Newberry is an Equal Opportunity Employer and Provider.