



INSTRUCTIONS: Type or print in ink. Complete all questions in detail. Attach additional pages, if necessary, and documents requested. Separate applications are required for each classification or position in which you are interested. Applicants are considered for all positions without regard to race, color, creed, age, religion, national origin, gender, marital status, handicap, political affiliation, beliefs, sexual orientation, or other protected class. Any job offer is conditioned on the results of a medical examination, drug screening, and background investigation. If you need special equipment or accommodations to participate in the selection process, or to perform the essential duties of the position (as listed in the job posting/job description), please inform us when you return your application.

TYPE OF EMPLOYMENT: Full-Time Part-Time Temporary Seasonal

POSITION APPLIED FOR: Facility Staff Lifeguard Camp Counselor Park Maintenance

Cleaning Staff Head Lifeguard Head Counselor Other _____

APPLICANT INFORMATION

Name: _____ Email: _____

Address: _____ Phone: _____

GENERAL INFORMATION

Do you have any relative (by blood, marriage or adoption) who is a current or former employee of the City? Yes No

If Yes, name of employee: _____ Relationship: _____

Are you under the age of 18? Yes No If yes, what is your age? _____

Are you a U.S. Citizen? Yes No

Are you a Permanent Resident Alien? Yes No If Yes, what is your registration number? _____

Please review the Job Description of the position for which you are applying. Can you perform the duties of the job in which you wish to be employed with or without accommodation? Yes No

If accommodation is requested, how would you perform tasks and with what accommodation? _____

EDUCATION

INSTITUTION	NAME AND LOCATION	DATES ATTENDED		Degree	GPA	Major
		FROM:	TO:			
High School						
College						
Other						

SKILLS & QUALIFICATIONS

Summarize special skills, qualifications, certifications, or other experiences that may qualify you to work for our city.



EMPLOYMENT HISTORY

1. Employers Name _____ Phone Number: _____
 Address: _____
 Start Date: _____ End Date: _____ Reason for Leaving: _____

2. Employers Name _____ Phone Number: _____
 Address: _____
 Start Date: _____ End Date: _____ Reason for Leaving: _____

3. Employers Name _____ Phone Number: _____
 Address: _____
 Start Date: _____ End Date: _____ Reason for Leaving: _____

PERSONAL REFERENCES

Directions: List the name, address, & telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references (coach, pastor, scout master, etc.) that are not related to you.

1.	_____	_____	_____	_____	_____	_____
	Name	Address	State	Zip	Phone	Relationship
2.	_____	_____	_____	_____	_____	_____
	Name	Address	State	Zip	Phone	Relationship
3.	_____	_____	_____	_____	_____	_____
	Name	Address	State	Zip	Phone	Relationship

ACKNOWLEDGEMENTS AND RELEASES

I certify that all information contained in this application is true and complete to the best of my knowledge. I agree and understand that any misstatement or falsification of information provided by me, whether oral or written, will result in my forfeiting any rights to consideration for employment with the City of New Baltimore or, if employed, being subject to immediate termination.

I authorize the City of New Baltimore to verify any of the information reported on the application with the listed schools, references and previous employers without providing written notice to me. I release the City from any liability in connection with such use or disclosure. If hired, I will serve at the will of the City and I agree that I shall be bound by the rules, policies, regulations, terms and conditions of employment of the City of New Baltimore as they are from time-to-time amended with or without notice to me. I agree that the City may terminate the employment relationship, with or without cause, and the City's right to so terminate may be altered only in writing directed to me personally by the Mayor, and only as determined by the City Council.

I agree that any lawsuit against the City of New Baltimore arises out of my employment or termination of employment including, but not limited to, claims arising under State or Federal civil rights statutes must be brought within one year of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

I further agree that any offer of employment, or my actual employment, is conditioned on the results of my pre-employment medical examination, drug screening and background investigation.

This application is valid for six (6) months. At the conclusion of this time, if I have not heard from the City and still wish to be considered for employment, it will be necessary to complete a new application.

Signature of Applicant: _____ Date: _____