

CITY OF EAST LANSING APPLICATION FOR EMPLOYMENT

410 Abbot Road
East Lansing, MI 48823
www.cityofeastlansing.com

(PLEASE PRINT)

Last Name	First Name	Middle Name	Pronouns	Position Applied For	Today's Date
Address (Number) (Street) (City) (State) (Zip Code)				(Home/Cell Phone)	(Work Phone)
How were you referred to the City?			Email Address:		
If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No					
Have you ever worked for the City before? Yes No If yes, what position and when?					
Is your spouse or any other relative already employed by the City? Yes No If yes, please list the names of any relatives already employed by the City.					
EDUCATION	Name and Address of School	Course of Study	Years Completed	Date Degree Attained	Type of Diploma/Degree Received
High School				XXXXX	
Undergraduate College					
Graduate Professional					
Other (Specify)					

EMPLOYMENT EXPERIENCE (Please list most recent position first.)			
Employer	Dates Employed From To		WORK PERFORMED
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title	Supervisor		
Reason For Leaving			
			May we contact this employer? Yes No
Employer	Dates Employed From To		WORK PERFORMED
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title	Supervisor		
Reason For Leaving			
			May we contact this employer? Yes No
Employer	Dates Employed From To		WORK PERFORMED
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title	Supervisor		
Reason For Leaving			
			May we contact this employer? Yes No
Employer	Dates Employed From To		WORK PERFORMED
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title	Supervisor		
Reason For Leaving			
			May we contact this employer? Yes No

If you need additional space, please continue on a separate sheet of paper.

ADDITIONAL INFORMATION

Specialized Skills

Check Skills/Equipment Operated

<input type="checkbox"/> PC	<input type="checkbox"/> PowerPoint	<input type="checkbox"/> Typing	<input type="checkbox"/> Dictation Equipment	Other (list):
<input type="checkbox"/> E-Mail	<input type="checkbox"/> Word	WPM _____	<input type="checkbox"/> Cash Register	
<input type="checkbox"/> Database	<input type="checkbox"/> Fax Machine	<input type="checkbox"/> Shorthand	<input type="checkbox"/> Copier	
<input type="checkbox"/> Excel	<input type="checkbox"/> Ten Key	W.P.M. _____	<input type="checkbox"/> Calculator	

Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

APPLICANT'S STATEMENT

I certify that the information on this application is true and correct and acknowledge that falsification of this application is grounds for disqualification for employment or in the event of employment, dismissal from the job.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

By signing this form, I hereby acknowledge I have read and understood the above statements. I also acknowledge and understand that only an authorized representative from the City's Personnel Department can extend a valid offer of employment.

Signature of Applicant

Date