CITY OF PORT HURON, MICHIGAN
PART-TIME / SEASONAL EMPLOYMENT APPLICATION

The City of Port Huron is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, handicap, or any other legally protected status.

YOU MUST COMPLETE ALL SECTIONS OF THE APPLICATION. FAILURE TO DO SO WILL RESULT IN REJECTION OF YOUR APPLICATION AND YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT.

Title of position applied for: **Box Office** Date of application: _____

Are you available to work: Part-time [ ] Seasonal [ ] Shift Work [ ] Date available for employment: _____

Full name (First): _____ (Middle): _____ (Last): _____

Current address: _____ City: _____ State/Zip: _____

Telephone No.: ( ) _____ Cellular / Alternate Telephone No.: ( ) _____

Email address: _____ Drivers License No.: _____ State Issued: _____

Have you ever served in the Armed Forces of the United States? Yes [ ] No [ ]

If yes, what branch? _____ Were you honorably discharged? Yes [ ] No [ ]

NOTE: A dishonorable discharge from the military will not necessarily be a bar to employment.

Are you under 18 years of age? Yes [ ] No [ ]

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes [ ] No [ ]
(Proof of citizenship or immigration status may be requested upon employment.)

Have you ever been convicted of a felony? Yes [ ] No [ ]
If yes, give date, place, charge and disposition of all such convictions:

NOTE: A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation, and rehabilitation will be considered.

Have you ever been fired from a job? Yes [ ] No [ ] If yes, give date, where you worked and explanation:

Do you smoke? Yes [ ] No [ ] **NOTE:** Being a smoker will not bar you from part-time/seasonal employment.

Do you have any relatives employed by the "City of Port Huron?" Yes [ ] No [ ]
If yes, give their names and relationship to you:

Have you ever been employed by the "City of Port Huron?" Yes [ ] No [ ]
If yes, give dates: If you were employed by the City under a different name, state previous name.

EDUCATION:	**HIGH SCHOOL**	**VOCATIONAL/ TECHNICAL**	**COLLEGE**	**GRADUATE**
School Name Location: City/State				
Did you graduate? (If not, number of years completed.)	Yes [ ] No [ ] Highest grade completed: 9 10 11 12	Yes [ ] No [ ] Highest grade completed: 13 14 15 16	Yes [ ] No [ ] Highest grade completed:	Yes [ ] No [ ] Highest grade completed:
Major/Minor				
Degree/Certificate				

Describe any specialized training, apprenticeships, internships, skills, licenses, certificates, and extra-curricular activities that pertain to the position(s) for which you are applying: _____
_____

EMPLOYMENT RECORD (Last 10 years) – List your employment record, starting with your present or most recent employer. Attach an additional page if necessary. If never employed indicate "NONE."

Dates/Salary	Name and Address of employer	Nature of Business/ Supervisors Name	Type of work performed (Job title and duties)	Reason for Leaving
From:				
To:				
Salary: $ per:				
From:				
To:				
Salary: $ per:				
From:				
To:				
Salary: $ per:				

If presently working, may we contact your present employer? Yes [ ] No [ ]

AGREEMENT AND UNDERSTANDING

1. I certify that the information in this application is true, complete and correct to the best of my knowledge and understand that falsification, misleading, misrepresentation or omission of any information submitted in connection with my application or interview, whether in this document or not, may result in rejection of my application or, if hired, in dismissal. **SIGNATURE** _____ **DATE** _____
2. I waive written notice from my current employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel records (even if more than four years old). This waiver is made pursuant to the Bullard-Plawecki Employee Right-to-Know Act. **SIGNATURE** _____ **DATE** _____
3. I authorize the references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and any pertinent information they may have (even if more than four years old) and release all parties from any liability for any damages that may result from furnishing same to you. **SIGNATURE** _____ **DATE** _____
4. I authorize the City of Port Huron to release any information (even if more than four years old) relating in any way to my employment including disciplinary reports, letters of reprimand or other notices of disciplinary action when such information is requested by any prospective or subsequent employers without any obligation (by them or you) to give me any notice of such disclosure. **SIGNATURE** _____ **DATE** _____
5. I agree and understand that any employment offer may be conditioned upon the results of the drug screening test and the post offer, pre-employment medical examination. **SIGNATURE** _____ **DATE** _____
6. If employed, I understand that if I need or believe I need an accommodation for a handicap under the Michigan Handicappers Civil Rights Act, I must notify the City in writing of my need for such an accommodation within 180 days after I know or should have known that I need such an accommodation. My failure to provide such a timely notice will prevent me from claiming that my employer failed to accommodate my handicap under the Michigan Handicappers Civil Rights Act. **SIGNATURE** _____ **DATE** _____
7. In consideration of my employment, I agree to conform to the rules and regulations of the City of Port Huron, as they may be amended from time to time, and I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either the City or myself. I understand that no officer or representative of the City has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. I further acknowledge that no one has made any representations or statements to the contrary to the City's employment at-will policy or about the City's economic outlook or stability to me, either oral or in writing, and I acknowledge and understand that no one has the authority to make such representations or statements to the contrary in the future. **SIGNATURE** _____ **DATE** _____

I have read, understand and agree to the terms of each of the above statements, as indicated above.

SIGNATURE _____ **DATE** _____

DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from a consumer reporting agency ("CRA"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from CRA concerning previous driving record request made by others from state agencies, and state-provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE COMPANY OR THE CRA TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have a right to make a request to the CRA, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me preceding my request. I hereby consent to your obtaining the above information from the CRA, and I agree that such information which the CRA has or obtains, and my employment history with you if I am hired, will be supplied by the CRA to other companies which subscribe to the CRA's services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Applicant's Name (Please Print)	Social Security Number
Applicant's Signature	Date