

## CITY OF POTTERVILLE EMPLOYMENT APPLICATION

319 Nelson, P.O. Box 488 Potterville MI 48876

Fax 517-645-7810 <http://www.pottervillemi.org>

### INSTRUCTIONS TO APPLICANT:

Michigan law requires employers to make accommodations to applicants who are persons with disabilities and such employees where the accommodation does not impose an undue hardship on the employer.

Persons with disabilities who are employees and applicants may request an accommodation of their disability by notifying the Employer in writing of the need for accommodation within 182 days of the date the person knows or should know that an accommodation is needed. Failure to properly notify the Employer will preclude any claim that the employer failed to accommodate the person with disabilities.

PLEASE FILL OUT ENTIRE APPLICATION – DO NOT WRITE “SEE RESUME” - COMPLETED APPLICATIONS CAN BE FAXED or MAILED TO THE CITY OF POTTERVILLE.

In the event you believe you may qualify for vocational certification due to a back, heart, epileptic or diabetic condition, we strongly encourage you to secure this excellent benefit by contacting the Michigan Rehabilitation Services Office at (517) 241-5122. You will need to provide medical information documenting the existence of the disability.

DATE \_\_\_\_\_

### PERSONAL INFORMATION

Last Name	First	Middle	Best Phone
Street Address	City	State	Zip
Other Phone Where You May Be Reached			
Related to Potterville Employee: Name and Department:		Referred By:	Are you over 18 years of age? Yes ( ) No ( )
Were You Previously Employed by the City of Potterville? Yes ( ) No ( ) If Yes, Years Employed? _____ Which Department? _____			
Position Applying for:		Date Available To Begin Work	Salary Desired
Other Special Training or Skills:		Michigan Driver's License Yes ( ) No ( ) If No, Which State _____	
Are You A Citizen Of The United States? Yes ( ) No ( ) If No, Then: Do You Have The Legal Right To Live In The United States? Yes ( ) No ( ) Do You Have The Legal Right To Work In The United States? Yes ( ) No ( )		Have You Ever Been Fired? Yes ( ) No ( ) If Yes, Name Employer(s) _____	
Please List Any Job Related Physical Limitations:		Typing _____ w.p.m. Shorthand _____ w.p.m.  Can You Work: Any Shift? _____ Any Day? _____ State Shift Preference _____	

### EDUCATION INFORMATION

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	DATE COMPLETED	DEGREE OR DIPLOMA
HIGH SCHOOL				
COLLEGE				
GRADUATE OR TRADE SCHOOL				
OTHER CERTIFICATIONS				

If Still Attending School, Give Anticipated Date of Graduation \_\_\_\_\_

Give Name on Diploma If Different From Name Shown Above \_\_\_\_\_

### PERSONAL REFERENCE:

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

