

# VILLAGE OF NASHVILLE

## EMPLOYMENT APPLICATION

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, height, marital or veteran status, handicap or any other protected status. Under Michigan law, disabled employees and applicants may request an accommodation of their disability by notifying the Village in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed.

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Date of application: \_\_\_\_\_

### PERSONAL

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

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

Are you 18 yrs or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a U.S. citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, are you authorized to work in the United State? Yes \_\_\_\_\_ No \_\_\_\_\_

### EMPLOYMENT DESIRED

Positions applied for: \_\_\_\_\_

\_\_\_ Full time \_\_\_ Part time \_\_\_ Other: \_\_\_\_\_

Do you have any related experience, qualifications, skills or special training? \_\_\_\_\_

Date you can start work: \_\_\_\_\_ Salary desired: \_\_\_\_\_

### ADDITIONAL INFORMATION

Have you worked for this company before? \_\_\_ Yes \_\_\_ No If yes, date: \_\_\_\_\_

Who was your supervisor? \_\_\_\_\_

Have you ever before filled out an employment application with this company? \_\_\_ Yes \_\_\_ No

If yes, date (s) \_\_\_\_\_

List any relatives or friends working here \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you served in the Armed Forces of the United States, National Guard or Reserves? \_\_\_ Yes \_\_\_ No  
If yes, what branch? \_\_\_\_\_ Dated of discharge \_\_\_\_\_ Rank at discharge \_\_\_\_\_  
Special / technical military training \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_ Yes \_\_\_ No  
If so, where, when, and nature of offense \_\_\_\_\_

Are there any felony charges currently pending against you? \_\_\_ Yes \_\_\_ No  
Do you have a valid driver's license? \_\_\_ Yes \_\_\_ No License No \_\_\_\_\_ State \_\_\_\_\_  
What transportation will you use to come to work? \_\_\_\_\_

If you wish, you may list professional, trade, business or civic activities and offices you have held. (Do not list groups, the name or character of which indicate race, color, sex, religion, national origin, height, weight, marital status \_\_\_\_\_)

Provide any additional information that may be helpful to us in considering your application \_\_\_\_\_

Who should be notified in the event of an accident or emergency?  
Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

**REFERENCES**  
(do not list relatives)

NAME	ADDRESS	PHONE NO.	YRS KNOWN
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

\*A criminal conviction will not automatically disqualify you. We will consider the age and time of the offense, seriousness and nature of the violation and rehabilitation.

**PRIOR EMPLOYMENT**

(List all prior jobs, starting with the most recent. Use additional sheets if necessary)

1	Employer	Job Title/Work Performed	Date worked (to/from)
Address			
Supervisor			Final Salary/Hourly Rate
Reason for Leaving			
2	Employer	Job Title/Work Performed	Date worked (to/from)
Address			
Supervisor			Final Salary/Hourly Rate
Reason for Leaving			
3	Employer	Job Title/Work Performed	Date worked (to/from)
Address			
Supervisor			Final Salary/Hourly Rate
Reason for Leaving			
4	Employer	Job Title/Work Performed	Date worked (to/from)
Address			
Supervisor			Final Salary/Hourly Rate
Reason for Leaving			
5	Employer	Job Title/Work Performed	Date worked (to/from)
Address			
Supervisor			Final Salary/Hourly Rate
Reason for Leaving			

**EDUCATION**

Name/City/Location	Courses of Study	Years Completed	Diploma/ Degree
High School			
College			
Graduate			
Vocational/ Other			

**UNDERSTANDINGS AND AUTHORIZATIONS**

I agree and certify that (initial each line):

- \_\_\_ 1. All of the information given in this application or later provided by me in support of my application is true and complete. I agree that any false information in support of my employment application may subject me to discharge at any time during my employment.
- \_\_\_ 2. I authorize you to verify any of the information concerning my employment, education, credit or other history with the appropriate individuals, companies, institutions, or agencies, and I authorize them to release such information as you require, including my prior disciplinary and employment records, without any obligation to give me written notice of such disclosure, I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries or disclosures.
- \_\_\_ 3. I am not subject to any restrictive agreements such as confidentiality or noncompetition agreements which could prohibit or inhibit my ability to do the job for which I am applying. I have attached copies of all restrictive agreements to which I am a party, whether or not they immediately affect my ability to do the job for which I am applying.
- \_\_\_ 4. If employment is offered to me, I agree that such employment is at will. I agree that either I or the Village may terminate the employment relationship, with or without cause, with or without notice, at any time, and I further agree that this arrangement may only be changed in writing directed to me personally and signed by the President of the Village.
- \_\_\_ 5. I agree that I shall be bound by the other policies, rules, regulations, terms and conditions of employment of the Village as they may exist from time to time and I further recognize the right of the Village of change its policies, rules, regulations, terms and conditions of employment. I agree that no additional obligations can be imposed on the Village except those which have been acknowledged in writing and approved by the Village Council.
- \_\_\_ 6. I agree that any lawsuit or action against the Village or its officers or employees arising out of my employment or termination of my employment, including, but not limited to, claims arising under state or federal civil rights statutes, must be brought within 12 months of the event giving rise to the claim or be forever barred. I waive any limitation periods to the contrary.
- \_\_\_ 7. I agree that if employment is offered to me, the offer will be conditional and I will not begin work until such time as the results of my post offer physical examination (if such examination is required) are known.

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature