

THE VILLAGE OF  
**CLINTON**

119 E. Michigan Avenue, Clinton, MI 49236

Phone: (517) 456-7494 Fax: (517) 456-6350 Email: info@villageofclinton.org

**EMPLOYMENT APPLICATION**

**APPLICANT INFORMATION**

Name (First, Middle, Last):	
Address (Street, City, State, Zip):	
Phone:	Email:
Position Applying For:	Seeking: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
Can you perform the essential functions of the position you seek with or without reasonable accommodation? (If you are unsure, please request a description of the position you seek): Yes No	
Have you ever been charged with a felony or convicted of a misdemeanor or felony? Yes <input type="checkbox"/> No <input type="checkbox"/> A "yes" will not automatically disqualify you. We will examine the nature of the crime, the date committed, and the relation of the crime to the position sought. If "yes", please explain: _____	

**EDUCATION** - List high school, college and any other formal education you have received.

High School:	
Address (City, State):	
Diploma/GED/Other:	GPA:

School Name:	
Address (City, State):	
Dates Attended: _____ to _____	GPA:
Degree:	Major:

School Name:	
Address (City, State):	
Dates Attended: _____ to _____	GPA:
Degree:	Major:

**FORMER EMPLOYERS** - List former employers, starting with the most recent one first. Account for all time, including periods of unemployment/self-employment. If more room is needed, attach additional sheets.

Employer Name:	
Address (Street, City, State, Zip):	
Dates Worked: _____ to _____	Supervisor:
Phone:	Email:
I give the Village of Clinton permission to contact this current/former employer: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Duties:	
Reason for Leaving:	

Employer Name:	
Address (Street, City, State, Zip):	
Dates Worked: _____ to _____	Supervisor:
Phone:	Email:
I give the Village of Clinton permission to contact this current/former employer: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Duties:	
Reason for Leaving:	

Employer Name:	
Address (Street, City, State, Zip):	
Dates Worked: _____ to _____	Supervisor:
Phone:	Email:
I give the Village of Clinton permission to contact this current/former employer: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Duties:	
Reason for Leaving:	

Please be advised that your application will be inactive 90 calendar days from the date of application.

**STATEMENT OF POLICY: EMPLOYMENT WITH THE VILLAGE OF CLINTON IS BASED ON INDIVIDUAL MERIT. EMPLOYMENT OPPORTUNITIES ARE OPEN TO ALL, WITHOUT REGARD TO RACE, COLOR, SEX (INCLUDING PREGNANCY AND CONDITIONS RELATED TO PREGNANCY), AGE, MARITAL STATUS, HEIGHT, WEIGHT, RELIGION, NATIONAL ORIGIN, DISABILITY, MISDERMEANOR ARREST RECORD, GENETIC INFORMATION, VETERAN STATUS, CITIZENSHIP OR ANY OTHER STATUS PROTECTED APPLICABLE LAW.**

I certify that all of the information furnished on this Application is true, complete and correct. I understand and agree that any falsification, misrepresentation, misleading statement, or omission of fact on either this Application, a resume, or during the pre-hire process will be sufficient reason for (1) my not being offered employment or (2) dismissal at any time from the service of the Village if employed, regardless of union status, if any, or the terms of the applicable collective bargaining agreement.

I authorize my former employers to provide the Village any information regarding my employment, and I release all parties from any liability for any damages, which may result from furnishing such information. I also agree to permit the Village to conduct any other background investigative procedures it deems appropriate with respect to my Application and, in the event of hire, while employed. I understand a consumer report may be obtained from a consumer-reporting agency in connection with this Application and, if requested, I will be informed of the name and address of the agency. I understand and agree that my employment and compensation is for no definite period and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by me or the Village, with or without cause, and without any previous notice unless this term is preempted by the terms of a collective bargaining agreement. I also understand and agree that the Village has the right to unilaterally modify and/or terminate any policies, practices, procedures, and standards it has adopted or implemented, to the extent not limited by law. I acknowledge that no Village employee or representative, other than the Village Manager through the Village council, has either the power or authority to enter into any agreement for employment for any specified period of time, or to make any representations or agreements contrary to any of the foregoing, unless that agreement is in writing and signed by the Village Manager.

I understand that, if I have a disability and need an accommodation, under Michigan law only, I must request the accommodation, in writing, and within 182 days of the day I knew, or reasonably should have known, of the need for accommodation.

I further agree that, if I should ever have any claim against the Village of Clinton, or any of its agents or employees, which is related to my employment, I must bring that claim within 182 days of the date it accrues or it shall be forever barred. I specifically waive any longer (not shorter) limitations period. This 182-day contractual limitations period also applies to any initial charge filed with the Equal Employment Opportunity Commission; however, I may thereafter pursue any claim, if at all, pursuant to the right to sue letter issued by the Commission.

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Signature

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Date