



**INSTRUCTIONS:** Type or print in ink. Complete all questions in detail. Attach additional pages, if necessary, and documents requested. Separate applications are required for each classification or position in which you are interested. Applicants are considered for all positions without regard to race, color, creed, age, religion, national origin, gender, marital status, handicap, political affiliation, beliefs, sexual orientation, or other protected class. Any job offer is conditioned on the results of a medical examination, drug screening, and background investigation. If you need special equipment or accommodations to participate in the selection process, or to perform the essential duties of the position (as listed in the job posting/job description), please inform us when you return your application.

**TYPE OF EMPLOYMENT:**     Full-Time                       Part-Time                       Temporary                       Seasonal

**POSITION APPLIED FOR:**     Facility Staff                       Lifeguard                       Camp Counselor                       Park Maintenance

Cleaning Staff                       Head Lifeguard                       Head Counselor                       Park Maintenance Lead

Umpire                       Other \_\_\_\_\_

**APPLICANT INFORMATION**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Describe all traffic-related offenses that are currently on your driving record: \_\_\_\_\_

\_\_\_\_\_

**GENERAL INFORMATION**

Do you have any relative (by blood, marriage or adoption) who is a current or former employee of the City: Yes  No

    If Yes, name of employee: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you under the age of 18? Yes  No  If yes, what is your age? \_\_\_\_\_

Are you a U.S. Citizen? Yes  No

Are you a Permanent Resident Alien? Yes  No  If Yes, what is your registration number? \_\_\_\_\_

Please review the Job Description of the position for which you are applying. Can you perform the duties of the job in which you wish to be employed with or without accommodation? Yes  No

If accommodation is requested, how would you perform tasks and with what accommodation? \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of any crime, either misdemeanor or felony? Yes  No

If yes, describe when, where, the nature of the offense, and its disposition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Are there any felony charges pending against you? Yes  No

If yes, describe in full detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION**

INSTITUTION	NAME AND LOCATION	DATES ATTENDED		If graduated, type of degree	GPA	Major	Minor	If no degree, credit hours earned
		FROM:	TO:					
High School								
College								
Post-Graduate								
Business, Trade, Vocational, Military Education, or Other Training								

**SKILLS & QUALIFICATIONS**

Summarize special skills, qualifications, certifications, or other experiences that may qualify you to work for our city.

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

**EMPLOYMENT HISTORY**

**Directions:** Carefully review the qualifications on the job announcement. If work experience or specific skills are listed as qualifications, you must describe how you meet the qualifications by listing your work experience, skills, etc in this section of the application. BE COMPLETE AND SPECIFIC. RESUMES MAY BE ATTACHED BUT SHALL NOT SUBSTITUTE FOR COMPLETION OF THIS SECTION. Begin with your present or last position. List promotions or changes from part-time to full-time work hours with the same employer separately. Include work in the U.S. Armed Forces and attach a copy of your discharge certificate. Attach extra pages if necessary to provide a complete work history. Describe how you qualify for the position you are seeking.

Employer	Telephone	Dates Employed From: To:	Summarize the nature of the work performed:
Address			
Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor Name Title		\$ Per	
Reason For Leaving		Hourly Rate/Salary Starting	
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ Per	
Employer	Telephone	Dates Employed From: To:	Summarize the nature of the work performed:
Address			
Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor Name Title		\$ Per	
Reason For Leaving		Hourly Rate/Salary Starting	
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ Per	
Employer	Telephone	Dates Employed From: To:	Summarize the nature of the work performed:
Address			
Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor Name Title		\$ Per	
Reason For Leaving		Hourly Rate/Salary Starting	
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ Per	



**PERSONAL REFERENCES**

**Directions:** List the name, address, & telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references (coach, pastor, scout master, etc.) that are not related to you.

1. \_\_\_\_\_  

Name	Address	State	Zip	Phone		Relationship
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2. \_\_\_\_\_  

Name	Address	State	Zip	Phone		Relationship
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3. \_\_\_\_\_  

Name	Address	State	Zip	Phone		Relationship
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List membership in any professional, trade, business, or civic associations and any office positions held. Exclude membership that would reveal gender, race, religion, national origin, age, color, disability, or other protected status.

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

List any special accomplishments, publications, awards, etc. Exclude membership that would reveal gender, race, religion, national origin, age, color, disability, or other protected status.

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

**ACKNOWLEDGEMENTS AND RELEASES**

I certify that all information contained in this application is true and complete to the best of my knowledge. I agree and understand that any misstatement or falsification of information provided by me, whether oral or written, will result in my forfeiting any rights to consideration for employment with the City of New Baltimore or, if employed, being subject to immediate termination.

I authorize the City of New Baltimore to verify any of the information reported on the application with the listed schools, references and previous employers without providing written notice to me. I release the City from any liability in connection with such use or disclosure. If hired, I will serve at the will of the City and I agree that I shall be bound by the rules, policies, regulations, terms and conditions of employment of the City of New Baltimore as they are from time-to-time amended with or without notice to me. I agree that the City may terminate the employment relationship, with or without cause, and the City's right to so terminate may be altered only in writing directed to me personally by the Mayor, and only as determined by the City Council.

I agree that any lawsuit against the City of New Baltimore arises out of my employment or termination of employment including, but not limited to, claims arising under State or Federal civil rights statutes must be brought within one year of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

I further agree that any offer of employment, or my actual employment, is conditioned on the results of my pre-employment medical examination, drug screening and background investigation.

This application is valid for six (6) months. At the conclusion of this time, if I have not heard from the City and still wish to be considered for employment, it will be necessary to complete a new application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_