

If you require special accommodation(s) in testing due to a legally defined disability, please notify the Human Resources Department in writing at the time of application.



The City of Muskegon contracts with the County of Muskegon for human resources services.

**CITY OF MUSKEGON**

**Submit Application to:**  
**Muskegon County Human Resources Department**  
**316 Morris Ave, Suite 200**  
**Muskegon MI 49440**  
 Telephone (877) 521-JOBS  
 Fax (231) 724-6840  
 As e-mail attachment: [jobs@co.muskegon.mi.us](mailto:jobs@co.muskegon.mi.us)

**Application for Transfer/Promotion to Position of:**

\_\_\_\_\_

A C R

The City of Muskegon is an equal opportunity employer and shall consider all qualified applicants without regard to race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected class.

Last Name First Name Middle Social Security Number

**PERSONAL INFORMATION:**

Home Phone Number \_\_\_\_\_ Other Contact (Phone number, e-mail address, etc.) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Do you have a valid, unrestricted driver/operator license?  Yes  No

If no, please explain \_\_\_\_\_

Driver License Number \_\_\_\_\_ State \_\_\_\_\_

Do you have a valid commercial driver license? .....  Yes  No

If yes, type and endorsement(s) \_\_\_\_\_

**Reason for Transfer:** \_\_\_\_\_

**EDUCATION:**

Do you possess a high school diploma or G.E.D.? .....  Yes  No

Please give school/trade school/college information below:

School Name & Location	Credits Earned	Diploma Earned	Curriculum
		Yes/No	

**NOTICE TO TRANSFER/PROMOTIONAL APPLICANTS**

The decision to accept or reject an application for transfer or promotion is made by comparing the minimum qualifications as listed in the job posting and the information provided in or appended to the appropriate employment application.

**EXPERIENCE:** Please list your history of employment and/or unemployment. Start with your present status/last job held and work backward. Use additional sheets if necessary.

**THIS SECTION MUST BE COMPLETED EVEN IF SUBMITTING A RESUME!**

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Current City Position \_\_\_\_\_

Employment Dates \_\_\_\_\_ to \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Job Title \_\_\_\_\_

Job Duties \_\_\_\_\_

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Previous Employer/Position \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Employment Dates \_\_\_\_\_ to \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Job Title \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Salary/Hourly Rate \_\_\_\_\_

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**SKILLS:** Describe below any specialized training, apprenticeships, internships, skills such as equipment operation, licenses, certificates, and extra-curricular activities that pertain to the position for which you are applying:

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**EQUIPMENT OPERATION:** Please list below each kind of specialized equipment you are skilled in operating:

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Do you know of any reason why you cannot or may not be able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe any accommodations required:

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I hereby authorize any agency to give any information regarding any record or information they may possess and release them from any damages whatsoever for issuing same to the City of Muskegon, Michigan, or its agent.

I hereby certify that the statements made by me on this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that false statements made herein are sufficient cause for rejection of this application.

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**Applicant's Signature**

**Date**

**071103/080111**