Online Application Instructions:

1. Please complete ALL fields to the best of your knowledge.

2. To complete the fields, simply click or tab to the line item and begin typing.

3. At the end of this Acrobat document, there will be a Submit Button that you will click on to e-mail the application to the Civil Service Department

4. If at any time you wish to cancel, simply close your browser or leave the page without hitting the Submit Button.

5. If you have any problems during the completion of this form, please contact the Civil Service Department at (231)724-6716

6. On all waiver forms, there is a place to sign the document. By typing in your full name, you are Digitally Signing the document and it will be considered a valid signature.

7. All of the rules, requirements and instructions portrayed in the following pages also apply to this online application.

EMPLOYMENT INFORMATION

CONSIDERATION OF YOUR APPLICATION DEPENDS UPON THE FOLLOWING:

1. ***FULLY COMPLETED EMPLOYMENT APPLICATION SUBMITTED BY THE DEADLINE DATE AND TIME.***
   - If mailed, it must be postmarked on or before the deadline.
   - If faxed, it must be received no later than 5:00 p.m. on the deadline date.
   - If e-mailed, it must show that it was sent no later than 5:00 p.m. on the deadline date.
   - If submitting by fax or e-mail, call (231-724-6716) to verify that your application was received.
   - Please be certain to provide all requested information.
   - ***Incomplete applications may be disqualified from further employment consideration.***

2. ***YOUR DRIVING RECORD.***
   - **OUT OF STATE APPLICANTS**: You *must* obtain your driving record from the state issuing the license.
   - Mail the driving record report to the Civil Service address on the front page of the application.
   - The driving record report *must* be on file by the application deadline date.

3. ***WHETHER OR NOT YOU MEET THE POSITION REQUIREMENTS, AS STATED ON THE JOB ANNOUNCEMENT.***

FOLLOWING THE APPLICATION DEADLINE, YOU WILL BE MAILED INFORMATION ABOUT THE STATUS OF YOUR APPLICATION.
- Please allow several weeks to receive the notice of your application status.
- If your application is accepted, you will be notified of any test date(s) and location(s).

CANDIDATES PROGRESS IN THE RECRUITMENT AS FOLLOWS:
- Those passing the practical/written exam(s), if given, will move on to the oral exam.
- The oral exam is a graded panel interview; it is *not* a hiring interview but rather part of the recruitment.

SCORES FROM YOUR ORAL EXAM AND WRITTEN TEST ARE AVERAGED TO DETERMINE YOUR FINAL SCORE.
- Your final score is used to determine your placement on the eligibility (hiring) list.
- Candidates' names generally remain on eligibility lists at least one year.

AS OPENINGS OCCUR, CANDIDATES IN THE HIRING LIST'S TOP 3 RANKINGS ARE REFERRED FOR DEPARTMENT INTERVIEWS.
- Candidates are notified by mail of the interview opportunity.
- This is the hiring interview!
- A candidate is hired from this group to fill a vacancy.

If you do not pass the testing and/or obtain employment, you may re-apply at the next opportunity.

Employment opportunities are posted on the City's web site at http://www.shorelinecity.com
or contact

City of Muskegon Civil Service Personnel Office
933 Terrace Street, Room 206
P O Box 536
Muskegon, MI 49443-0536
Telephone Number (231) 724-6716
Fax (231) 724-4405

PLEASE KEEP THIS PAGE FOR YOUR REFERENCE

City of Muskegon Electronic Employment Application

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

City of Muskegon
933 Terrace
Muskegon, MI 49443
Ph: (231)724-6716
Fax: (231)724-4405

Application for Position of:

_____

***PERSONAL INFORMATION*:**

_____
First Name Last Name Middle Initial

_____ _____
Home Phone Number e-mail Address(required)

_____ _____ _____ _____
Street Address City State ZIP

Best way and time to contact you is: _____

Date available for work: _____ **Available for** ☐ **Full-time** ☐ **Part-time** ☐ **Temporary** ☐ **Seasonal**

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

If no, please explain _____

Have you had your driver's license suspended, revoked, or restricted in the past three years? . . . . . ☐ **Yes** ☐ **No**

If yes, please explain _____

_____ _____
Driver License Number State

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

If yes, type and endorsement(s) _____

Have you ever worked for the City of Muskegon? . . . . . ☐ **Yes** ☐ **No**

If yes, position held: _____

Employment date(s) _____

Are you under 18 years of age? . . . . . ☐ **Yes** ☐ **No**
Are you currently working? . . . . . ☐ **Yes** ☐ **No**
Are you on layoff? . . . . . ☐ **Yes** ☐ **No**
If on layoff, are you subject to recall? . . . . . ☐ **Yes** ☐ **No**
Are you a citizen of the United States? . . . . . ☐ **Yes** ☐ **No**
(Proof of eligibility will be required upon employment.)

If not a citizen, legal alien status: _____

Are you authorized to lawfully work in the U.S.? . . . . . ☐ **Yes** ☐ **No**

***MILITARY SERVICE*:**

Have you had any experience in the Armed Forces of the United States of America or in a State National Guard? . . . . . ☐ **Yes** ☐ **No**

If yes: Branch _____ Discharge Rank _____

Discharge Date _____ Were you honorably discharged? . . . . ☐ Yes ☐ No
(Note: A dishonorable discharge from the military will not necessarily be a bar to employment.)

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	Years Attended/Credits Earned	Diploma/Degree Earned/Major

EMPLOYMENT:

Have you ever been discharged or forced to resign from any position? . . . . . ☐ Yes ☐ No

If yes, please explain: _____

Are there any job duties related to the position(s) for which you have applied that you cannot perform? *(Note: Please refer to job description.)* **. . . . . ☐ Yes ☐ No**

If yes, please explain: _____

Please list your history of employment and/or unemployment. Start with your present status/last job held and work backward.

Employer Name & Address:	**Dates**		**Work Performed:**
	From	**To**	
Telephone Number:	**Hourly Rate/Salary**		
	Start	**Final**	
Job Title:			
Supervisor's Name:			
Reason for leaving:			

Employer Name & Address:	**Dates**		**Work Performed:**
	From	**To**	
Telephone Number:	**Hourly Rate/Salary**		
	Start	**Final**	
Job Title:			
Supervisor's Name:			
Reason for leaving:			

Employer Name & Address:	Dates		Work Performed:
	From	To	
Telephone Number:	Hourly Rate/Salary		
	Start	Final	
Job Title:			
Supervisor's Name:			
Reason for leaving:			

Employer Name & Address:	Dates		Work Performed:
	From	To	
Telephone Number:	Hourly Rate/Salary		
	Start	Final	
Job Title:			
Supervisor's Name:			
Reason for leaving:			

TRAINING AND SKILLS:

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

MARINA AIDE SEASONAL APPLICANTS:

Do you have the ability to swim 25 yards and tread water for 2 minutes?. . . . . . ☐No ☐Yes

CRIMINAL RECORD HISTORY:

Have you ever been convicted of an offense that is against the law? . . . . . . ☐No ☐Yes

If yes, completely describe including location and date:

_____

(A conviction will not necessarily bar employment. The nature and circumstances of a conviction will be considered in any employment-related decision.)

REFERENCES *: (Please list three references; do not include relatives.)*

Name **Address** **Telephone**

_____

_____

_____

AGREEMENT AND UNDERSTANDING

(Read carefully and sign below if you agree to these terms of employment.)

I certify that the information on this application is true, complete, and correct to the best of my knowledge and understand that falsification, misleading, misrepresentation, or omission of any information submitted in connection with my application or interview, whether in this document or not, may result in rejection of my application or, if hired, in dismissal.

In consideration of my employment, I agree to conform to the rules and regulations of the City of Muskegon as they may be amended from time to time. I also agree that the contents of any office, locker, desk, or equipment or other City property I may use, and any of my own property I bring onto the City's premises (including, without limitation, cars, packages, and purses) may be inspected by the City at any time, and I waive any claims against the company or its agents relating to such inspection.

I waive written notice from my current employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel records. This waiver is made pursuant to the Bullard–Plawecki Employee Right-to-Know Act.

I authorize my references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and any pertinent information that they may have and release all parties from any liability for any damages that may result from furnishing same to you.

I authorize the City of Muskegon to release any information relating in any way to my employment, including disciplinary reports, letters of reprimand, or other notices of disciplinary action when such information is required by any prospective or subsequent employers without any obligation by them or you to give me any notice of such disclosure.

I understand that any employment offer is conditional upon the drug screening test results and the post-offer pre-employment medical examination, and I agree to submit to physical examinations permitted by law before and during my employment, at the request and expense of the City, and I agree to disclose all information lawfully requested at such examinations about my physical and mental condition and medical history. I waive any claims against the City or its agents relating to any such testing, or from lawful decisions made regarding my employment or termination of employment based upon the results of such testing or analysis.

If employed, I understand that if I am or become in need of accommodation(s) for employment, I must notify the City of Muskegon in writing within 182 days after the need is known or reasonably should have been known to me. Failure to properly notify the City will preclude any claim that the employer failed to make accommodation.

I have read, understand, and agree to the terms of each of the above statements.

_____ _____

Date Signature of Applicant

PRE-EMPLOYMENT DRUG TESTING CONSENT FORM

I, understand that the City of Muskegon, Michigan has a policy against the use, sale, possession, or distribution of illegal drugs or being under the influence of illegal drugs by its employees and applicants for employment. I further understand that the City has adopted a pre-employment drug-testing program as a method of implementing that policy.

I hereby consent to the taking of my urine, hair, blood, or breath by the City or its agents for the purpose of the above drug-testing program, and the testing of such samples by a testing laboratory designated by the City. I hereby further consent to the release of any test reports on such samples to the City and to the use of all such reports by the City in its assessment of my employment application. I understand that my refusal to consent to such testing will result in my disqualification from further consideration for employment with the City.

I also understand that determining my suitability or fitness for employment is within the sole discretion of the City, and that a positive test finding will result in my disqualification from further consideration for employment.

It is understood that certain medications may be identified in any drug testing, and I have completed or will complete the attached "Confidential Prescription/Non-Prescription Medication Form," to the best of my recollection and belief for use in the drug test. This form will be completed by me and placed in a sealed envelope for the sole and exclusive use of the testing laboratory to help ensure the accuracy of the testing procedures.

I release the City and the testing facility selected by the City, and the officers, directors, employees, and agents of each of the aforementioned, from any and all claims or potential claims or actions relating to such testing, including the taking of samples, the testing process, procedures, analysis, disclosure and utilization of the test results in considering my employment with the City.

Finally, I understand that, if hired, I am required to comply with the City's "Drug-Free Workplace Policy," and that my violation of said policy may result in disciplinary action, up to and including immediate termination.

My signature below acknowledges that I have read and understand this consent form, and I agree to be considered for employment with the City on the conditions set forth above.

_____ _____

Date Signature of Applicant

CITY OF MUSKEGON

FAIR CREDIT REPORTING ACT AUTHORIZATION & WAIVER

I authorize and request my former employers, references, educational institutions, and any credit agencies or reporting services that have information about me to give the City of Muskegon any information and/or opinions about me in their possession and which may lawfully be disclosed. I hereby waive written notice of such release of information and opinions, and I release such former employers, references, educational institutions, and credit agencies or reporting services from any liability or claim relating to such release of information and opinions. I also authorize and request federal, state, and local governmental agencies to release to the City of Muskegon any information requested concerning any criminal convictions on my record. A photocopy of this signed authorization and waiver will be valid as an original.

I agree that the City of Muskegon may obtain a consumer credit report about me in connection with my application for employment.

If your application is denied on the basis of information contained in a consumer credit report, or if an adverse action is taken against you regarding your employment based on information contained in a consumer credit report, you may request copy of the report and description of your rights under the Fair Credit Reporting Act.

_____ _____

Date Applicant's Signature

041902
011505

CITY OF MUSKEGON
BOARD OF CIVIL SERVICE COMMISSIONERS
Civil Service Personnel Department

933 Terrace Street
Room 206

P. O. Box 536
Muskegon, MI 49443-0536

APPLICATION FOR VETERAN'S EMPLOYMENT PREFERENCE

The City of Muskegon provides for veteran's preference for applicants who have been in active service in the armed forces of the United States during a recognized war period or other recognized conflict as defined by federal law.

Applicant's Name _____
Last Name **M.I.** **First Name**

☐ **I was discharged under less than honorable conditions**. (If you checked this option, you are *not* eligible for veteran's preference points.)

☐ **I was discharged under honorable conditions.**

☐ **I wish to claim Veteran's Preference in Employment.**
NOTE: In order to claim Veteran's Preference, you must fill out this form and return it with your completed City of Muskegon employment application form.
Documentation substantiating your veteran's preference claim must be furnished at the time of application AND include a copy of your DD 214, Certificate of Discharge or Separation from Active Duty, or if you are currently enlisted, include a copy of your military enlistment papers.

Service Entry Date _____ **Discharge Date** _____

I wish to claim Veteran's Preference based on the following active duty:

☐ World War II: 12/7/41 to 4/28/52

☐ Korean Conflict: 6/27/50 to 1/31/55

☐ Vietnam Conflict: 2/28/61 to 5/7/75

☐ Grenada Expedition: 10/25/83 to 11/21/83

☐ Persian Gulf War: 7/24/87 to present

☐ Other _____

I certify that all information provided is true, correct, and complete to the best of my knowledge. I also understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment or be cause for immediate dismissal.

_____ _____
Signature *Date*

THE CITY OF MUSKEGON, MICHIGAN IS AN
"EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER"

YOU ARE NOT REQUIRED TO COMPLETE THIS FORM

The information you provide on this form is used only to study recruiting and employment patterns of the City of Muskegon and to determine whether information about City job opportunities is reaching all segments of the community. Your answers are used only to assist in future recruitment efforts.

Thank you,

MUSKEGON BOARD OF CIVIL SERVICE COMMISSIONERS

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Title of job you applied for _____

☐ Male ☐ Female

Highest level of education attained:

☐ High School Diploma ☐ G.E.D.

☐ 1-3 years of college

☐ Bachelor's degree in _____

☐ MA/MS degree in _____

☐ Doctorate degree in _____

☐ Other degree in _____

Race/Ethnic Group:

☐ Asian/Pacific Islander

☐ Black

☐ Hispanic (Non-Black)

☐ Multiracial

☐ Native American/Alaskan Native

☐ White

==========

How did you learn about this job opportunity?

☐ City Employee ☐ City job announcement ☐ Walk-in applicant

☐ *The Muskegon Chronicle* ☐ *MBA JOURNAL* ☐ Professional Publication

☐ Internet listing on _____ ☐ Career fair at _____

☐ School placement office at _____ ☐ Other _____

==========

Date of Birth: _____

==========

Please indicate below the nature of any reasonable accommodation(s) you may require in order to perform the essential functions, as you understand them to be, of the position for which you applied:

_____

_____

Your zip code _____ Today's date _____

Please click Submit Button only once. Data make take a few seconds to transmit.

SUBMIT APPLICATION