

EMPLOYMENT APPLICATION



City of St. Ignace

396 North State Street
St. Ignace, MI 49781
Ph. 906-643-8545 Fx. 906-643-9393
email: sbaar@cityofstignace.com

Position You Are Applying for: _____

Print Full Name: _____

Mailing Address: _____

Telephone # _____ Cellular Phone # _____

Are you a U.S. Citizen? Or do you have the legal right to remain permanently in this country?

Yes No

Driver's License: State: _____ Number: _____

Are you related to the Mayor, any City Councilmember or any City Employee or their spouse?

Yes No If Yes, explain: _____

EDUCATION

High School Graduate: Yes No GED or Equivalent: Yes No

Name of School(s) _____ City/State _____

Continued Education (College, Vocational):

School/Institution Name/Location: _____

Did you Graduate: _____ Degree(s) _____

Special Training, Certificates or Licenses: _____

EXPERIENCE

List all experience, most recent first. Resumes may be added, but not substituted for this section.

Most Recent Employer: _____

Address: _____ Hours/Week _____

Title: _____ Dates: From _____ To _____

Describe Duties: _____

Reason for Leaving: _____

Previous Employer: _____

Address: _____ Hours/Week _____

Title: _____ Dates: From _____ To _____

Describe Duties: _____

Reason for Leaving: _____

Previous Employer: _____

Address: _____ Hours/Week _____

Title: _____ Dates: From _____ To _____

Describe Duties: _____

Reason for Leaving: _____

Previous Employer: _____

Address: _____ Hours/Week _____

Title: _____ Dates: From _____ To _____

Describe Duties: _____

Reason for Leaving: _____

IMPORTANT: *Please Read Carefully*

List below all military and civilian convictions. Also, list any serious traffic violation convictions. False answers and/or failure to list convictions is cause for rejection of your application and/or discharge from city employment.

Date _____ City _____

Charge _____ Disposition _____

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Charge _____ Disposition _____

Date _____ City _____

Charge _____ Disposition _____

PERSONAL REFERENCES

(not relatives or employers)

1. Name _____ Address _____

Phone _____ Email _____

2. Name _____ Address _____

Phone _____ Email _____

PROFESSIONAL REFERENCES

1. Name _____ Address _____

Phone _____ Email _____

2. Name _____ Address _____

Phone _____ Email _____

CERTIFICATE OF APPLICANT

**Please Read Carefully
Before Signing**

I hereby solemnly swear or affirm that all statements on this application are true and complete to the best of my knowledge and belief. I understand that any false statements will subject me to disqualification or dismissal from city employment. I understand that prior to hiring or promotion, I may be required to pass a city medical examination.

Date of Application: _____

Signature of Applicant: _____



*The City of St. Ignace is an Equal Employment Opportunity Employer
and has an ongoing Equal Opportunity Program.*