

APPLICATION FOR EMPLOYMENT	CITY OF NEW BUFFALO	EQUAL OPPORTUNITY EMPLOYER
Personal Information		
Name (last name first)		

Michigan				
Address	City	State	ZIP Code	
Telephone	Email	Email		
Employment Desired (check and complete all that apply)				
[ ] Specific full-time position:	<ul><li>[ ] Paid on-call firefighter</li><li>[ ] PT/seasonal/reserve police</li><li>[ ] Part-time/ seasonal lifeguard</li></ul>	[ ] PT/seasonal/reserve police [ ] PT/seasonal Marina attendant		
Have you worked for the City before (if yes, when)	Date you can start	Salary/pay	desired	
Education History (Complete all that apply)			_	
[ ] GED			[ ] High School Diploma [ ] GED [ ] Do not have a diploma/GED	
College, university, trade/business school, etc.; City and Sta	ite; years attended		Completed some classes     Associates     BA/BS:	
College, university, trade/business school, etc.; City and State; years attended			[ ] BA/BS: [ ] Masters: [ ] Other:	
Employment History and References				
Are you currently employed? If so, where? Also, if we may	inquire of this employer, supply their co	ontact info:		
Most recent previous employer, job performed, years worl	ked, and reference contact info:			
Additional non-family reference with contact info and year	s know:			
General Information				
Detail any accreditation, certification, awards, special train	ing/experience, etc. (include first aid, Cl	PR, lifeguard,	boating)	
Detail any armed forces service, veteran's status, and/or di	scharge status			
[ ] Referred by: [ ] Inte	wspaper advertisement erest in seasonal work			
Per the City Charter, Section 5.12, the City has an anti-nepotis brother or half-sister (including by adoption) of a City Council			andparent, brother, sister, half-	
Have you ever been convicted of a felony or crime? [ ] Yes (Not counting traffic/parking/or civil infractions)	Are there any criminal charg (Not counting traffic/parking			
If you receive a conditional offer of employment, you must and pass a physical exam (which may include a drug test) to application are true and complete to the best of your know be grounds for dismissal. You authorize investigation of all City and all information concerning your previous employs the City from all liability for any damage that may result from the City from the City has any authority to enter into a agreement contrary to the foregoing, unless it is in writing,	o gain employment. By signing below you wledge and understand that, if employed statements contained herein and the re- ment and any pertinent information the form utilization of such information. You a my agreement for employment for any s	ou certify that d, falsified sta eferences and y may have, p also understa	t the facts contained in this stements on this application shall demployers listed above to give the personal or otherwise, and release and and agree that no	
Signature:		Date:		