

Computer Skills (Indicate software titles and years of experience)

<input type="checkbox"/> Word Processing _____	Years:___	<input type="checkbox"/> Internet _____	Years:___
<input type="checkbox"/> Spreadsheet _____	Years:___	<input type="checkbox"/> Graphics _____	Years:___
<input type="checkbox"/> Presentation _____	Years:___	<input type="checkbox"/> Typing WPM _____	Years:___
<input type="checkbox"/> E-Mail _____	Years:___	<input type="checkbox"/> Ten Key _____	Years:___
<input type="checkbox"/> Database _____	Years:___	<input type="checkbox"/> Other: _____	Years:___

References

Provide the name, relationship, and telephone number of three school, business or work references who are not related to you.

NAME	TITLE	RELATIONSHIP	TELEPHONE	# OF YEARS KNOWN
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			()	
			()	

Applicant Statement

Instructions: Please carefully read the following paragraphs and initial each paragraph. By doing so, you hereby acknowledge that you have read, understand, and agree to the terms.

I certify that the information in this application is true, complete, and correct to the best of my knowledge and I understand that any falsification, misstatement, misrepresentation, or omission of any information submitted in connection with my application, resume, or interview, whether in this document or not, may result in rejection of my application or, if selected, in dismissal from program. I agree to notify the City of Wakefield if any of the information disclosed in this application changes while my application is pending or, if selected, during my employment. _____

I understand that the employer, the City of Wakefield, further known as the City does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration of employment on any basis prohibited by applicable local, state, or federal law. _____

I understand that under Michigan Law, disabled applicants and employees may request an accommodation for their disability by notifying the City, in writing, of the need for an accommodation within one hundred eighty two (182) days of the date the individual knew or reasonably should have known that an accommodation was needed. Failure to do so will preclude a claim that the City failed to accommodate the disability. _____

If I am selected, I understand that I am an **At-Will** employee and I am free to resign at any time, with or without cause and with or without prior notice, and the City reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law or written contract with me. This application does not constitute an agreement or contract for employment or internship for any specified period of time. I understand that no employee or representative of the City is authorized to make any assurances contrary to the provisions of this paragraph. I understand that no oral or written agreements contrary to the provisions of this paragraph are valid unless they are in writing and signed by the City Manager.

I expressly authorize, without reservation, the City, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the City, its agents, employees, or representatives, for seeking, gathering, and using information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me. _____

I agree and understand that any employment offer is conditional upon the results of the post-offer, pre-employment reference and/or credit check, criminal background check, driving record check (if applicable), drug screening and medical examination. _____

I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF EACH OF THE ABOVE STATEMENTS.

Signature: _____ **Date:** _____

Return the completed application packet, in person to 509 Sunday Lake Street,
Wakefield, MI. 49968. Or, you may email your application to clerk@cityofwakefield.org

Thank you for applying with the City of Wakefield and we wish you well.