



Application for Employment

Village of Mayville
6104 Fulton Street PO Box 219
Mayville, MI 48744
989.843.6423 Phone
989.843.0123 Fax
www.villageofmayville.org

Date: _____

Position applied for: _____ Full-Time: _____ Part-Time: _____

NAME _____ SSN _____
LAST MIDDLE FIRST

ADDRESS _____ PHONE _____
NUMBER STREET CITY STATE ZIP CODE

We are proud of our commitment to being an equal opportunity employer for all. We do not discriminate on the basis of a person's actual or perceived race, color, sex, religion, sexual orientation, mental or physical limitations, Vietnam veteran status, age, condition of pregnancy, family responsibility, national origin, height, weight, marital status, gender identity or HIV status in any aspect of our hiring or employment process.

If you require reasonable accommodation during an interview or examination process, or to complete this application, please notify the Village of Mayville office at 989.843.6423.

If you are applying for a position that requires driving, you're driving record will be reviewed as part of the hiring process.

Driver's License Number _____ State of Issue _____

Commercial Driver's License endorsement(s) _____

Education

Type of School	Name of School	Location of School (City & State)	Major or Course	Number of yrs. Attended	From (Mo/Yr) to (Mo/Yr)	Diploma or Degree
High School						
College (Undergraduate)						
College (Graduate)						
Business or Trade						



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Professional Licenses and Registrations: (List States and Expiration Date)

Professional Memberships:

Briefly describe additional education, experience, skills or qualifications you believe would qualify you for the position for which you applied:

EMPLOYMENT HISTORY

Have you ever been employed by the Village of Mayville? Yes ___ No ___

If yes: Full-Time ___ Part-Time ___ Temporary ___

If yes, what Department/Division _____ Dates _____

The Village of Mayville has a policy that prohibits the supervision of an employee by an immediate relative. Do you have any relatives currently employed by the Village of Mayville? Yes ___ No ___

If yes, list the Name(s) and Department(s)



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LIST EMPLOYERS BEGINNING WITH THE MOST RECENT
Please be accurate; this information will be verified.

Employer	Dates		Hourly Rate/Salary	
	From	To	Start	Final
Telephone				
Address (City, State, Zip)				
Job Title	Supervisor			
Reason(s) for Leaving	Full Time ___		Part Time ___	
Describe your duties				
May we contact this employer?	Yes ___		No ___ If no, please explain:	

Employer	Dates		Hourly Rate/Salary	
	From	To	Start	Final
Telephone				
Address (City, State, Zip)				
Job Title	Supervisor			
Reason(s) for Leaving	Full Time ___		Part Time ___	
Describe your duties				
May we contact this employer?	Yes ___		No ___ If no, please explain:	



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	From	To	Start	Final
Telephone				
Address (City, State, Zip)				
Job Title	Supervisor			
Reason(s) for Leaving	Full Time___		Part Time___	
Describe your duties				
May we contact this employer?	Yes___		No___ If no, please explain:	

Have you ever been convicted of a Felony: Yes ___ No ___

If yes, please state where, when, the nature of the offense(s), and the sentence(s) imposed by the court:

Note: Conviction of a Felony is not an automatic bar to employment (all circumstances will be reviewed and considered).

PROFESSIONAL REFERENCES

PLEASE LIST THREE PROFESSIONAL REFERENCES (OTHER THAN RELATIVES) WHO YOU HAVE WORKED WITH

NAME	ADDRESS	TITLE	PHONE NO.	YRS. ACQUAINTED

NAME	ADDRESS	TITLE	PHONE NO.	YRS. ACQUAINTED

NAME	ADDRESS	TITLE	PHONE NO.	YRS. ACQUAINTED



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CERTIFICATION OF ACCURACY (PLEASE READ AND SIGN YOUR NAME)

I understand that appointments have a probationary period during which time I must demonstrate my ability for continued employment with the Village of Mayville. I also understand that persons offered a position with the Village of Mayville may, in some cases, be required to submit to a medical examination by a Village-appointed doctor prior to placement in a position. The Village of Mayville is an at will employer. I am aware that willfully withholding information or making false statements on this application may be the basis for dismissal from Village service. I agree to these conditions and hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

Printed Name of Applicant

Signature of Applicant

Date



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RELEASE AUTHORIZING CHECK OF APPLICANT'S CREDENTIALS

In consideration of the Village of Mayville's evaluation of my suitability for employment, I hereby authorize the Village of Mayville to perform all checks of my credentials allowed by law, including but not limited to discussions with supervisors, co-workers, friends, business associates, or other individuals that the Village, in its sole discretion, believes may have relevant information regarding my suitability for employment. I further authorize the Village of Mayville to perform the following checks on my credentials: request of police and/or credit report, and such other checks as the Village of Mayville deems appropriate. I agree not to assert any claims of causes of action of any kind against the Village, its agents, its employees, or any individual contacted by the Village, arising out of the Village's investigation. I further release and forever discharge the Village, its agents, its employees, and the individuals and companies contacted as part of its investigation, from any and all claims, demands, damages, actions, cause of action, or suits of any kind of nature whatsoever arising from the Village's investigation of my credentials. I acknowledge that the Village has made no representation of any kind as to whether employment will be offered at the conclusion of its investigation.

Printed Name of Applicant

Signature of Applicant

Date