


## APPLICATION FOR EMPLOYMENT

Position Applied for: \_\_\_\_\_ Available Start Date \_\_\_\_\_

  
Traverse City DDA  
303 East State Street, Suite C  
Traverse City, MI 49684

When available:      Th \_\_\_\_\_  
M      \_\_\_\_\_      F      \_\_\_\_\_  
Tu      \_\_\_\_\_      Sa      \_\_\_\_\_  
W      \_\_\_\_\_      Su      \_\_\_\_\_

### PERSONAL

NAME (FIRST, MIDDLE INITIAL AND LAST)	
ADDRESS	
CITY	STATE/ZIP
TELEPHONE NUMBER	EMAIL ADDRESS

### EDUCATION

	Name/Location	Did You Graduate?	Credit Hours Completed/Degree Received	Major Course of Study
High School				
College				
Graduate School				

Any other educational, vocational, or trade school training? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE (Please list current or most recent first. May use additional sheets if necessary)**

MONTH AND YEAR: FROM:		NAME OF FORMER EMPLOYER	YOUR TITLE
			DUTIES PERFORMED
TO:		ADDRESS	
TOTAL MOS. WORKED	HRS. PER WEEK	CITY, STATE, ZIP	
MONTHLY SALARY EARNED OR HOURLY WAGE		IMMEDIATE SUPERVISOR'S NAME	
			REASON FOR LEAVING
MONTH AND YEAR: FROM:		NAME OF FORMER EMPLOYER	YOUR TITLE
			DUTIES PERFORMED
TO:		ADDRESS	
TOTAL MOS. WORKED	HRS. PER WEEK	CITY, STATE, ZIP	
MONTHLY SALARY EARNED OR HOURLY WAGE		IMMEDIATE SUPERVISOR'S NAME	
			REASON FOR LEAVING
MONTH AND YEAR: FROM:		NAME OF FORMER EMPLOYER	YOUR TITLE
			DUTIES PERFORMED
TO:		ADDRESS	
TOTAL MOS. WORKED	HRS. PER WEEK	CITY, STATE, ZIP	
MONTHLY SALARY EARNED OR HOURLY WAGE		IMMEDIATE SUPERVISOR'S NAME	
			REASON FOR LEAVING

May the Traverse City DDA contact your past employers for references? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, then read the following statements and sign your name on the line below. I authorize the Traverse City DDA to obtain employment information from any previous employer.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## OTHER REFERENCES (BESIDES THOSE LISTED AND AUTHORIZED ABOVE)

### Additional Information

Are you 18 years or older? Yes \_\_\_\_ No \_\_\_\_

Are you authorized to work in the United States? Yes \_\_\_\_ No \_\_\_\_ Are you a U.S. citizen? Yes \_\_\_\_ No \_\_\_\_

Have you been previously employed here? Yes \_\_\_\_ No \_\_\_\_ What department? \_\_\_\_\_

*Please note that a "Yes" answer to any of the following questions will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.*

Have you ever been convicted of any violation of law other than traffic offenses? **Do not include convictions** that were sealed or expunged pursuant to a court order. Yes \_\_\_\_ No \_\_\_\_

If yes, where, when and nature of offense(s): \_\_\_\_\_

\_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_\_ No \_\_\_\_ License No. State

Have you had your driver's license suspended or accumulated more than four points? Yes \_\_\_\_ No \_\_\_\_

If yes, where, when and nature of offense(s): \_\_\_\_\_

Have you tested positive, or refused a test within the past two years on any DOT pre-employment drug and/or alcohol test administered by a DOT-covered employer? Yes \_\_\_\_ No \_\_\_\_

Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation?

Yes \_\_\_\_ No \_\_\_\_ If no, please explain: \_\_\_\_\_

\_\_\_\_\_

State any additional information that you feel may be helpful to us in considering your application.

\_\_\_\_\_

\_\_\_\_\_

## GENERAL STATEMENTS AND SIGNATURE

The DDA is an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

Michigan law requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship to the employer. Handicapped employees and applicants may request an accommodation of their handicap by **notifying the DDA in writing** of the need for accommodation within 182 days of the date the handicapper should know

Name	Phone Number	Relationship

than an accommodation is needed. Failure to properly notify the DDA will preclude any claim that the employer need to accommodate the handicapper.

The following statements are general conditions for employment. This application does not constitute an offer for employment, merely the opportunity to compete for the position. Your application is subject to review and may be reflected at any time if shown that you do not meet the qualifications specified for the position for which you are applying. Read the following two statements, and sign and date the application.

As a condition of employment for a safety-sensitive position, I may be required to undergo a drug and alcohol abuse screening test prior to appointment and I must meet background and medical standards as well.

initial \_\_\_\_\_

I also understand that this application, supplements and attachment become the property of the Traverse City Downtown Development Authority. No copies of these documents shall be made available to or provided to me until the entire examination is complete.

initial \_\_\_\_\_

I certify that all statements on this application form and attachments are true and complete to the best of my knowledge. I understand that false, misleading or incomplete information shall be sufficient cause for disqualification or dismissal and other penalties as may be prescribed by law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date