

*Parks &
Recreation*

AJ Smith
**Recreation
Center**

City of Tecumseh

810 N. Evans Street ♦ Tecumseh, MI 49286 ♦ Phone: 517-423-5602 ♦ www.mytecumseh.org

APPLICATION INFORMATION

PART-TIME/SEASONAL EMPLOYEES

The following is a summary of the application procedure:

1. The City of Tecumseh is an Equal Employment Opportunity Employer and is seeking applicants without regard to race.
2. If hired, I understand that I will serve the City of Tecumseh and my employment and compensation can be terminated by the City of Tecumseh with or without notice, with or without cause, and at any time for any reason.
3. You must complete the application in full. The application is valid for a period of six months. All applications must be submitted to: Personnel, City of Tecumseh 810 N. Evans Street, Tecumseh, MI 49286.

I have read and understand the foregoing statements:

Applicant's signature

Date

HOW TO FILE APPLICATION

This application must be filled out completely and delivered to the Parks and Recreation Department at 810 N. Evans Street, Tecumseh, MI, 49286.

Use ink. You may apply for one or all of the positions that are listed on the same announcement. However, a separate application must be completed for each position for which you wish to apply.

This application must be completed in full. Any falsification or fraudulent omission of any information in this Application may be grounds for disqualification.

1. Name _____

Address _____

Phone Number _____

2. Position for which you are applying?

_____ One position per application.

3. Do you have the legal right to work in the U.S.?

_____ Yes

_____ No

4. Are you 18 years or older?

_____ Yes

_____ No

5. Have you worked under a different name?

_____ Yes

_____ No

If yes, name(s) used so that employment can be verified.

6. Do you have a relative working for the City?

_____ Yes

_____ No

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

_____ Yes _____ No

8. Have you ever been employed by the City of Tecumseh?

_____ Yes _____ No

If yes, fill in experience record below-use the back of this form if necessary.

From To Department Position Exact Nature of Duties

List below your complete education and training

COMPLETE ALL INFORMATION

	Elementary	High	College/University	Graduate/Professional
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe specialized training, skills, and extra-curricular activities.				

9. What Professional Occupational licenses do you hold?

10. What dates and times are you available for work?

Dates From: _____ To: _____
 Days/Times: _____

**List all previous employers, starting with your present or last job.
DO NOT REPEAT EXPERIENCE ALREADY RECORDED. Use back of
this form in necessary.**

Employer: _____

Telephone: _____

Dates Employed From: _____ To: _____

Work Performed: _____

Address: _____

Job Title: _____

Hourly/Salary: _____ Starting: _____ Final: _____

Supervisor: _____

Reason Leaving: _____

Employer: _____

Telephone: _____

Dates Employed From: _____ To: _____

Work Performed: _____

Address: _____

Job Title: _____

Hourly/Salary: _____ Starting: _____ Final: _____

Supervisor: _____

Reason Leaving: _____

Employer: _____

Telephone: _____

Dates Employed From: _____ To: _____

Work Performed: _____

Address: _____

Job Title: _____

Hourly/Salary: _____ Starting: _____ Final: _____

Supervisor: _____

Reason Leaving: _____

11. Have you ever been convicted of a crime?

_____ Yes _____ No

If yes, explain: _____

12. Are there any felony charges against you?

_____ Yes _____ No

If yes, explain: _____

Answering “YES” TO 11 OR 12 Does not automatically disqualify you for employment.

13. Michigan Driver’s License Information:

- a. Michigan Driver’s License Number
- b. Expiration Date
- c. List all restrictions on driver’s license-If none, answer “None”

City of Tecumseh, Michigan

DECLARATION OF APPLICANT

Read the following information carefully before signing. This form must be signed and dated in ink by the applicant.

AUTHORIZATION TO RELEASE INFORMATION

I authorize you to make such investigation and inquiries of my personal, employment, and financial history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

I hereby affirm that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers, I am aware that should an investigation disclose any misrepresentation, omission, or falsifications, I may be disqualified in the examination, or, if I have already been hired, my employment may be terminated. I further certify that I have completed this application and this is my signature below.

Applicant’s Signature

Date