

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

| Name | Phone Number | Relationship |
|------|--------------|--------------|
|      |              |              |
|      |              |              |
|      |              |              |
|      |              |              |
|      |              |              |

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

**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 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