



downt^{TC}own!

Experience Traverse City

Application for Employment

THE DOWNTOWN DEVELOPMENT AUTHORITY/AUTO PARKING SYSTEM ACCEPTS EMPLOYMENT APPLICATIONS ONLY FOR SPECIFIC POSITIONS WHICH ARE OPEN AND SOLICITED. UNSOLICITED APPLICATIONS WILL NOT BE ACCEPTED.

To the Applicant: The DDA/APS appreciates your interest in DDA/APS employment and assures you we are interested in your qualifications. A clear understanding of your background and work history will aid us in determining which applicant best meets our needs.

The DDA/APS 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.

PERSONAL (print all information) Driver's License # _____
Name _____ Date of Application _____
(Last) (First) (M.I.) Phone Contact # _____
Address _____
(Street address) (City, State, Zip Code)
18 yrs or older? Yes _____ No _____ U.S. Citizen? Yes _____ No _____

Have you been previously employed here? Yes _____ No _____ (If Yes, Date(s) _____
Supervisor's Name(s) _____

Have you filed an application before? Yes _____ No _____ If Yes, When? _____

List any friends or relatives working here. _____

EMPLOYMENT DESIRED

Position(s) applied for: _____
Type of work sought: _____ Full Time _____ Part Time _____ Other _____
If Part Time, please specify hours and /or days desired: _____

Please list any special training, skills, qualifications or other experiences that relate to the position(s): _____

Salary Desired: _____ Date available to start work _____

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/APS in writing of the need for accommodation within 182 days of the date the handicapper should know that an accommodation is needed. Failure to properly notify the DDA/APS will preclude any claim that the employer need to accommodate the handicapper.

(continued on back page of this document)

1	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			

2.	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			

3	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			

4	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			

5	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			