

Manistee Downtown Development Authority

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No. (Last 4 digits): _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I represent that the answers and information given by me in this application are true and complete. I authorize the Manistee Downtown Development Authority (DDA) to verify the information I have provided and to make any investigation of my background deemed necessary at any time. I also authorize third parties (such as former employers, law enforcement organization, financial institution, educational institution, etc.) contacted by the Manistee Downtown Development Authority to furnish any information relevant to my application for employment, excluding health and medical history or other information prohibited by law, and further release all persons and organizations from any and all liability for any and all damages whatsoever for releasing such information. I acknowledge that any false, inaccurate or misleading information may result in refusal to hire or dismissal once the facts become known.

This application for employment shall be considered active for a period of time not to exceed 60 days. However, if hired, any time after filing this application, I agree that these provisions shall constitute terms and conditions of my employment and that I shall be subject to the same.

I consent to all legally permissible medical examinations and drug and alcohol testing required by the Manistee Downtown Development Authority.

I understand and agree that employment with the Manistee Downtown Development Authority is "at will" and that either the Manistee Downtown Development Authority or I can terminate my employment and compensation, with or without cause, and with or without notice, at any time. I acknowledge that no representations, either oral or written have been made to me to the contrary and that any pre-existing understanding or agreement which contradict an at will status of employment are void. Further, I understand that only the Board Chair of the Manistee DDA has any authority to enter into any agreement for employment for any fixed period of time or to make any agreement contrary to my at will status, and that any such agreement must expressly state such purpose and must be in writing and signed the Board Chair of the Manistee DDA following the date of this application in order to be valid.

*In consideration of my employment, I agree to confirm to the rules and policies of the Manistee DDA. I agree not to begin any action or suit relating directly or indirectly to employment with the Manistee DDA or the termination of such employment more than (9) nine months after the date of the employment action that is subject of such action or suit. **I waive any statute of limitation to the contrary.***

I have read and understand the foregoing:

My signature below indicates that I have read and understood the above paragraphs.

Signature: _____ Date: _____