



103 S. Main Street | Wayland, MI 49348 | www.cityofwayland.org | P: 269-792-2265 | F: 269-792-0387

EMPLOYMENT APPLICATION

The City of Wayland is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, national origin, religion, age, sex (including pregnancy, sexual orientation, or gender identity), disability, height, weight, marital status, veteran status, genetic information, or any other legally protected status under applicable federal or state law, including the Michigan Elliott-Larsen Civil Rights Act.

Applicants requiring reasonable accommodation to participate in the application or interview process should contact the City at (269) 792-2265.

POSITION INFORMATION

Position Applied For: _____

Date of Application: _____

Date you can start: _____

Hourly rate/Salary desired: _____

☐ Full-Time

☐ Part-Time

APPLICANT INFORMATION

Full Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Email Address: _____

Are you 18 years of age or older?

☐ Yes

☐ No

Are you legally eligible to work in the U.S.?

☐ Yes

☐ No

Have you ever worked for the City before?

☐ Yes

☐ No

If yes, when and in what position? _____

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Do you have any relatives who work for the City? ☐ Yes ☐ No

If yes, who and where do they work? _____

Have you ever been terminated from employment or asked to resign by an employer?

☐ Yes ☐ No

If yes, please provide additional information. _____

In the past 10 years, have you been convicted of a felony? ☐ Yes ☐ No

If yes, please provide additional information. _____

NOTE: A conviction will not necessarily disqualify you from employment. Each situation is considered individually based on job-relatedness and other relevant factors.

EDUCATION

School Name	Did you graduate?	Major/Degree?	# of Years Attended
	☐ Yes ☐ No		
	☐ Yes ☐ No		
	☐ Yes ☐ No		
	☐ Yes ☐ No		

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WORK EXPERIENCE

(Please list only employers from the past 10 years. List most recent first.)

Employer Name: _____

Job Title: _____

Number of Years Employed: _____

Supervisor: _____ Phone: _____

Responsibilities: _____

Reason for leaving: _____

May we contact this employer? ☐ Yes ☐ No

Employer Name: _____

Job Title: _____

Number of Years Employed: _____

Supervisor: _____ Phone: _____

Responsibilities: _____

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Reason for leaving: _____

May we contact this employer? ☐ Yes ☐ No

Employer Name: _____

Job Title: _____

Number of Years Employed: _____

Supervisor: _____ Phone: _____

Responsibilities: _____

Reason for leaving: _____

May we contact this employer? ☐ Yes ☐ No

ADDITIONAL INFORMATION

Please list any certifications, licenses, special training, or skills relevant to the position:



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Explain why you are applying for this position:

REFERRAL SOURCE

How did you hear about us?

☐ Social Media _____

☐ City Website

☐ Friend/Family Member _____

☐ Indeed

☐ Other _____

APPLICANT CERTIFICATION

I certify that all information provided in this application is accurate and complete to the best of my knowledge. I understand that false or misleading information may result in the rejection of my application.

Signature: _____

Date: _____

THIS APPLICATION IS VALID ONLY FOR 90 DAYS FROM THE DATE ABOVE.

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