

City of Gladstone-Park and Recreation
AN EQUAL OPPORTUNITY EMPLOYER

SEASONAL / TEMPORARY APPLICATION

NAME: _____ POSITION APPLIED FOR: _____

AGE IF UNDER 16: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE () _____

DRIVER'S LICENSE: YES NO IF YES #, _____

License number

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

HAVE YOU EVER WORKED FOR THE CITY OF GLADSTONE () YES () NO

DEPARTMENT: _____

NAME OF PERSON TO BE NOTIFIED IN CASE OF ACCIDENT:

PHONE _____ ADDRESS: _____

WHAT WILL BE YOUR LAST DAY OF AVAILABILITY TO WORK? _____

EDUCATION

LAST GRADE COMPLETED: _____ YEAR OF ATTENDANCE: _____

DID YOU GRADUATE? YES () NO () HIGHER/CONTINUED EDUCATION _____

OTHER LICENSES WITH EXPIRATION DATES AND NUMBER (i.e Lifeguarding, First Aid, Emt, CPR)

EXPERIENCE

Employer _____ Address: _____

Telephone () _____ Dates Employed _____ to _____

Immediate Supervisor _____ Job title _____

Work performed _____ Reason for Leaving _____

PLEASE NAME TWO REFERENCES

NAME: BUSINESS: ADDRESS: PHONE:

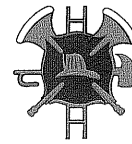
I certify that this application is true and complete to the best of my knowledge

Date

Administration use only: Date started: _____



"Protecting and Serving Our Year Round Playground"



144 4th Avenue NE • Gladstone, MI 49837 • 906-428-3131 • Fax 906-428-1730

Paul R. Geyer, Director

Background Investigation Authorization

I hereby authorize the City of Gladstone Public Safety Department and/or their designee to conduct a background investigation pertaining to my application for employment with the City of Gladstone. I fully acknowledge that this investigation may result in sensitive information being released and may affect my application process. I release from all liability the City of Gladstone, its officials and employees, and any employer, educational institution, credit reporting agency/bureau and other providers of information about me in any and all respects relating to or arising from the City's investigation.

Unless revoked earlier by me, this release shall continue to be effective during my request for employment with the city, during any employment which I may have with the City and, in the case of seasonal employment, for any subsequent consideration of rehiring me. I understand that I may revoke this waiver and authorization at any time.

This release is executed with the full knowledge and understanding that the information is for the official use of the City of Gladstone and will in no way be circulated in hard copy form or verbally. All hard copy materials will be destroyed via paper shredder

Department Requesting Information: _____

Applicants Signature

Date

Please Print – First Name/Middle Name/Last Name

Date

Driver's License Number / State

Social Security Number

Public Safety Department Use Only

Date Recv'd from
Dept. Head

Date Records
Checks Completed

Date Returned to
Dept. Head

Initials of individual
running check

Status of Background Check:
 No records to report
 Contact Public Safety Department