



# HOLLAND BOARD OF PUBLIC WORKS

625 HASTINGS AVE., HOLLAND, MI 49423

www.hollandbpw.com

**ELECTRICITY/ WATER / WASTE TREATMENT**  
**HBPW IS AN EQUAL OPPORTUNITY EMPLOYER**  
**THE EEO PROGRAM IS REVIEWED BY THE HUMAN RELATIONS COMMISSION**

## GENERAL INFORMATION

DATE \_\_\_\_\_

Name \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_  
Last First Middle Initial

Present address \_\_\_\_\_  
Street City State Zip

E-Mail (where the HBPW can send information to you): \_\_\_\_\_

Are you 18 years old or older?  Yes  No Can you be legally employed in the U.S.?  Yes  No

Position(s) applied for 1. \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_  
 2. \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_

Do you want to work:  year-round (full-time)  summer only If hired, on what date could you start work? \_\_\_\_\_

Have you worked for or applied with us before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Why are you interested in working for the Holland Board of Public Works? \_\_\_\_\_

Have you ever been *convicted* of a crime, excluding misdemeanors and summary offenses?  Yes  No

If yes, explain when, where and nature of offense \_\_\_\_\_

Are there any felony charges pending against you now?  Yes  No If yes, please explain \_\_\_\_\_

## BUSINESS REFERENCES (Supervisor/Manager)

Name and Occupation	Address or E-mail	Phone Number

## EDUCATION

	Name of Educational Institution	City/State	Curriculum or Degree	Did you Graduate?
High School				
Trade School or College				
Advanced Degree(s)				
Professional Certifications				
Other				

## MILITARY SERVICE

Period of service

From \_\_\_\_\_ To \_\_\_\_\_ Branch \_\_\_\_\_ Rank \_\_\_\_\_

Duties \_\_\_\_\_

## EMPLOYMENT RECORD – Please account for all periods of time. Add additional pages if necessary.

CURRENT OR MOST RECENT EMPLOYER	DATES	PAY/RATES	JOB TITLE AND MAJOR DUTIES	REASON FOR LEAVING
COMPANY NAME	FROM	START		
ADDRESS	TO	FINAL		
PHONE # or E-MAIL				
SUPERVISOR'S NAME				
DO WE HAVE YOUR PERMISSION TO CONTACT THE EMPLOYER LISTED ABOVE?    ____ YES            ____ PLEASE DO NOT CONTACT AT THIS TIME				
OTHER PREVIOUS EMPLOYERS	DATES	PAY/RATES	JOB TITLE AND MAJOR DUTIES	REASON FOR LEAVING
COMPANY NAME	FROM	START		
ADDRESS	TO	FINAL		
PHONE # or E-MAIL				
SUPERVISOR'S NAME				
COMPANY NAME	FROM	START		
ADDRESS	TO	FINAL		
PHONE # or E-MAIL				
SUPERVISOR'S NAME				

## SUPPLEMENTAL INFORMATION

If there are other experiences, skills, or qualifications which you feel would especially fit you for work with the Holland Board of Public Works, please include them on a separate sheet of paper.

### APPLICANT'S CERTIFICATION AND AGREEMENT – PLEASE READ CAREFULLY

I hereby certify that all statements on the Application for Employment are made truthfully and without evasion, and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being employed, or if employed will be just cause for immediate dismissal.

I authorize the references listed in this Application for Employment, and any prior employer, educational institutions, or any other persons or organizations to give the Holland Board of Public Works any and all information concerning my previous employment/educational accomplishments, disciplinary information or any other pertinent information they may have, personal or otherwise. I hereby waive written notice that employment information is being provided by any person or organization. I understand that such information may contain my social security number. I release all parties from all liability for any damage that may result from furnishing that information to the Holland Board of Public Works.

If I am disabled and require an accommodation to perform the job, I must notify the Holland BPW Human Resources Director of that need in writing. Failure to do so may bar me from alleging that the Holland Board of Public Works has not accommodated me as required by law.

I hereby authorize the Holland Board of Public Works to secure criminal conviction history should it determine that it is necessary to do so.

I understand that I may be required to take a physical exam before I start working. I also understand and authorize the Holland Board of Public Works with its designated agent(s) to withdraw specimen(s) of my blood, urine, or hair for chemical analysis. The purpose of the analysis is to determine or exclude the presence of alcohol, drugs or other controlled substances. I understand that decisions concerning my employment will be made as a result of this test.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE