



# City of Marquette Downtown Development Authority Employment Application

337 W. Washington Street, Marquette, MI 49855 • Phone: (906) 228-9475 • Fax: (906) 228-6288  
www.downtownmarquette.org  
An Equal Opportunity Employer

The Marquette Downtown Development Authority abides by the official policy of the City of Marquette to provide equal employment opportunities for all individuals on the basis of their skills, abilities, and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State military forces, use or non-use of lawful products off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification.

**IMPORTANT: PLEASE PRINT OR TYPE**

**DATE:** \_\_\_\_\_

**NOTE:** An offer of employment is contingent upon evaluation and approval of data received via a background check (s), drug test(s), and health screening (if required). Please answer all questions completely. Incomplete applications may be rejected.

## PERSONAL INFORMATION

Title of Position Applied for: \_\_\_\_\_

Full-time     Part-time     On-Call     Temporary/Seasonal

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address (Street): \_\_\_\_\_ Home Phone: \_\_\_\_\_

(City, State, Zip): \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Are you legally eligible for employment in the United States?     Yes     No

Are you at least 18 years of age?     Yes     No

Do you possess a valid driver's license?     Yes     No

Do you possess a valid commercial driver's license?     Yes     No

Do you have a pending criminal charge against you and/or have you ever been convicted of a crime of summary offense (not including one which has been dismissed by a court)?     Yes     No

If yes, explain: \_\_\_\_\_

(A conviction record or pending arrest does not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position.)

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**EDUCATION**

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Name and Location of High School:

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Graduate?     Yes        No  (If no, please answer question below)         Attending

If you have not received a high school diploma, have you passed a High School Equivalency or GED Test?

Yes (If yes, please state date & location of test)         No

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**TRAINING BEYOND HIGH SCHOOL:**

Circle the number of years completed in a Post Secondary School:    1    2    3    4    5    6    7    8

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College, University, or Trade School (Name & Address):	Presently attending	Major	Degree	Year
(1)	<input type="checkbox"/> Yes <input type="checkbox"/> No			

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(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
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(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
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Describe any education/training you have had which is not covered above, such as correspondence courses, technical courses, or service schools. Please give dates.

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**SPECIAL SKILLS & QUALIFICATIONS**

The following information must be provided if you are applying for positions requiring the skills found below:

Number of words per minute: Typing	Number of keystrokes per minute: Data Entry
Experience in transcribing mechanically-recorded material?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Experience using 10-key calculator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List any additional office machines and computer software which you can operate skillfully:	
List any current licenses, certifications, or registrations as a member of a trade or profession:	
List memberships in professional or technical associations:	

APPLICANT NAME: \_\_\_\_\_

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**EMPLOYMENT HISTORY**

Use additional sheets if necessary. You may attach a resume to further explain your qualifications; however, you must complete all the information below to be considered for a position.

From:	To:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Temporary
Employer's Name:		Phone #:		
Address:				
Present/Most Recent Position:				
Hours per Week:	Starting Salary:	Present/Ending Salary:		
Number of Employees You Supervise(d):				
Name & Title of Your Supervisor:				
Primary Duties:				
Reason for Leaving/Considering Leaving:				
Were you involuntarily discharged from this position?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If we contact your present employer, will your position be endangered?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

From:	To:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Temporary
Employer's Name:		Phone #:		
Address:				
Present/Most Recent Position:				
Hours per Week:	Starting Salary:	Present/Ending Salary:		
Number of Employees You Supervise(d):				
Name & Title of Your Supervisor:				
Primary Duties:				
Reason for Leaving/Considering Leaving:				
Were you involuntarily discharged from this position?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If we contact your present employer, will your position be endangered?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

APPLICANT NAME: \_\_\_\_\_

**EMPLOYMENT HISTORY (Continued)**

From:	To:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Temporary
Employer's Name:		Phone #:		
Address:				
Present/Most Recent Position:				
Hours per Week:	Starting Salary:	Present/Ending Salary:		
Number of Employees You Supervise(d):				
Name & Title of Your Supervisor:				
Primary Duties:				
Reason for Leaving/Considering Leaving:				
Were you involuntarily discharged from this position?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If we contact your present employer, will your position be endangered?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

From:	To:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Temporary
Employer's Name:		Phone #:		
Address:				
Present/Most Recent Position:				
Hours per Week:	Starting Salary:	Present/Ending Salary:		
Number of Employees You Supervise(d):				
Name & Title of Your Supervisor:				
Primary Duties:				
Reason for Leaving/Considering Leaving:				
Were you involuntarily discharged from this position?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If we contact your present employer, will your position be endangered?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Have you ever been suspended or discharged from any position?  Yes  No

If yes, please explain: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

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**REFERENCES**

Name:	Phone #:
Address:	Email:
Relationship:	

Name:	Phone #:
Address:	Email:
Relationship:	

Name:	Phone #:
Address:	Email:
Relationship:	

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**AUTHORIZATION & CERTIFICATION**

Please carefully read the following statements and initial each one where indicated. If you have a question regarding any of the statements, please ask prior to initialing and signing the application. Your initials and signature indicate and verify that you have read, understand, and agree to abide by the statements below:

\_\_\_\_\_ I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of  
initial my knowledge and belief, and I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

\_\_\_\_\_ I authorize the Downtown Development Authority to contact any of the persons or organizations referenced in my  
initial application materials. I also authorize any person contacted to provide to the Downtown Development Authority any and all information regarding my employment, education, or any other information concerning any of the subjects covered in the application. I agree to execute employment records release authorization forms as may be required by the Downtown Development Authority requesting employment records from my present and/or former employers.

\_\_\_\_\_ I understand that I may be required to successfully pass a drug test to gain employment or continue employment with the  
initial Downtown Development Authority. I consent freely and voluntarily to participate in required drug test(s), at a location selected by the Downtown Development Authority. I also consent to the release of test(s) results to the Downtown Development Authority. I hereby release and hold harmless the Downtown Development Authority, its officers, agents, or employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, except for their negligence, arising from the drug test(s) and decisions concerning employment based upon the result of this test(s). In addition, I understand that the City of Marquette maintains a drug-free and smoke-free workplace.

\_\_\_\_\_ If accepted for employment, I agree that my status as an employee depends upon successful performance during a  
initial probationary period and that I am an "at-will" employee during this probationary period.

\_\_\_\_\_ I understand that if the DDA determines there is an occupational qualification which requires certain information, a police  
initial background check seeking that information may be conducted prior to making a decision regarding employment. I authorize the DDA, its officers, agents, and employees to conduct such a check, and I release and hold harmless the City of Marquette, its officers, agents, and employees from liability, except for their negligence, related to the performance or result of this check.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date