

# APPLICATION FOR EMPLOYMENT

*We are an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a disability requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known. Federal law has no such requirement.*

Position Applied For: \_\_\_\_\_ Date of Application \_\_\_\_\_

Date you Can Start: \_\_\_\_\_

Please note that this application will only remain active for 45 days, after which the applicant would need to re-apply.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State Zip

Permanent Address: \_\_\_\_\_  
Street City State Zip

Telephone #: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Are you 18 years or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any hours or days of the week you cannot work? \_\_\_\_\_ If so, when? \_\_\_\_\_

Salary Desired \_\_\_\_\_ Type of Employment: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

Are you employed now? \_\_\_\_\_ May we contact your present employer? \_\_\_\_\_

Have you ever applied to the City before? \_\_\_\_\_ Where? \_\_\_\_\_

Under what name? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_\_ Where? \_\_\_\_\_

Under what name? \_\_\_\_\_ When? \_\_\_\_\_

Do any of your friends or relatives, other than your spouse, work here? \_\_\_\_\_ Yes \_\_\_\_\_ No

**EDUCATION:**

	NAME AND ADDRESS OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT / MAJOR
Elementary School				
High School				
College				
Specialized Training				

Do you have US Military experience? \_\_\_\_\_ Date Entered \_\_\_\_\_

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Date Discharged \_\_\_\_\_ Honorably? \_\_\_\_\_

Are you lawfully entitled to be employed in the United States? \_\_\_\_\_

Have you ever been convicted of a crime except a minor traffic violation? \_\_\_\_\_ No \_\_\_\_\_ Yes  
(The response to this question will be considered in the context of its job-relatedness only.)

If so, please state citation, date and place where offense occurred. \_\_\_\_\_

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application. \_\_\_\_\_

**REFERENCES:** Three individuals not related to you, whom you have known for at least one year:

NAME	ADDRESS AND TELEPHONE	RELATIONSHIP	YEARS ACQUAINTED

Emergency Contact: \_\_\_\_\_  
Name Street City/State Telephone No.

**CURRENT AND MOST RECENT FORMER EMPLOYERS: (Most Recent One First)**

DATE MONTH/YEAR	NAME, ADDRESS AND TELEPHONE NO. OF EMPLOYER	SALARY: STARTING/ ENDING	LAST POSITION HELD/ RESPONSIBILITIES	REASON FOR LEAVING
From:    To:				
From:    To:				
From:    To:				
From:    To:				
From:    To:				

May We Contact The Employers Listed?  Yes  No

If not, which one(s)? \_\_\_\_\_

## AUTHORIZATION FOR INQUIRY

I understand that the City of Fenton may obtain a consumer report containing information regarding my credit history, as well as my work, education, military service, and police records as they may be relevant to determine my suitability for employment, promotion or any employment-related purposes. I further understand that I will be subject to a pre-employment drug/alcohol screening. I know that any or all of the results of these reports, inquiries, and investigations may be used in making employment decisions concerning me. I hereby authorize the City of Fenton to obtain such reports, inquiries, and investigations. A photocopy of this signed authorization will carry the same effect as the original.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness

Name: \_\_\_\_\_  
Please print:      Last                      First                      Middle

Other Names Used: \_\_\_\_\_  
Alias, Maiden, etc.

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

\* \* \* \*

**Please read the following statement carefully before signing to indicate your understanding:**

I understand that, prior to being offered employment, I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the City prior to the administration of the test so that a reasonable accommodation can be made. The City reserves the right to require medical documentation regarding the need for accommodation.

I further understand that I will be required to take a drug/alcohol test prior to being employed and that cooperating in the administration of this test and passing it are conditions for employment.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements or omitted information on this application may result in termination.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted,\* to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you.

I understand and acknowledge that any employment relationship with the City is of an "at-will" nature, which means that either the City or I may terminate the employment relationship at any time, with or without cause and with or without notice. I further understand that the "at-will" nature of an employment relationship with the City may not be changed by any written document or conduct unless the change is specifically acknowledged in writing by the City Manager.

I agree that any action or suit against the City arising out of my employment or termination of employment, including, but not limited to, claims arising under state or federal civil rights statutes, must be brought within 182 days of the event giving rise to the claims or be forever barred. I waive any limitations period to the contrary.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

\*Employers specifically excepted: \_\_\_\_\_

**For Employer Use Only**

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Hired: \_\_\_\_\_ Yes \_\_\_\_\_ No

Starting Date: \_\_\_\_\_ Position: \_\_\_\_\_ Wage: \_\_\_\_\_