



APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Type or print in ink. Complete all questions in detail. Attach additional pages, if necessary, and documents requested. Separate applications are required for each classification or position in which you are interested. Applicants are considered for all positions without regard to race, color, national origin, religion, sex, age, height, weight, marital status, disability, veteran status, or any other classification protected by state or federal law. Any job offer is conditioned on the results of a medical examination, drug screening and background investigation. If you need special equipment or accommodations to participate in the selection process, or to perform the essential duties of the position (as listed in the job posting/job description), please inform us when you return your application.

POSITION OR CLASSIFICATION APPLIED FOR: _____

IDENTIFICATION

NAME: _____ SOCIAL SECURITY NO.: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(NUMBER) (STREET) (P.O. BOX) (APT. #)

(CITY) (STATE) (ZIP CODE)

PHONE: (Home): (_____) (Alternate): (_____) Best Time to Call: _____

If you are applying for a position which involves driving a motor vehicle, identify:

DRIVER'S LICENSE NO.: _____ Type: _____ Exp. Date _____ Issuing State: _____

Describe all traffic-related offenses that are currently on your driving record:

GENERAL INFORMATION

EMPLOYMENT DESIRED: Full-Time Part-Time Temporary Seasonal Date Available: _____

Do you have any relative (by blood, marriage or adoption) who is a current or former employee of the City? Yes No

If "Yes," name of employee: _____ Relationship: _____

Are you under the age of 18? Yes No If "Yes", what is your age? _____

Are you legally able to work in the United States? Yes No If "No", please indicate when you expect to be able to legally work in the United States. _____

Review the DESCRIPTION OF WORK section of the Job Announcement for the position / classification for which you are applying.

Can you perform the duties of the job in which you wish to be employed with or without accommodation? Yes No

If accommodation is requested, how would you perform the tasks and with what accommodation? _____

Have you ever been convicted of any crime, either misdemeanor or felony? Yes No

If "Yes," describe when, where and nature of offense and its disposition: _____

Are there any felony charges pending against you? Yes No If "yes," describe in full detail: _____

NOTE: Conviction or felony charges do not automatically mean you cannot be appointed. What you were convicted of and how long ago are important. Give us all the facts so that an informed decision can be made.

EDUCATION

INSTITUTION	NAME AND LOCATION	DATES ATTENDED		If You Graduated, Type of Degree	Grade Point Average	Major	Minor	If no Degree, Credit Hours Earned
		From:	To:					
HIGH SCHOOL								
COLLEGE								
POST GRADUATE								
BUSINESS, TRADE, VOCATIONAL OR MILITARY EDUCATION OR OTHER TRAINING								

SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work for our City. Include any professional licenses or certifications you hold, typing speed, etc.

EMPLOYMENT HISTORY

DIRECTIONS: Carefully review the qualifications on the job announcement. If work experience or specific skills are listed as qualifications, you must describe how you meet the qualifications by listing your work experience, skills, etc. in this Section of the application. **BE COMPLETE AND SPECIFIC. RESUMES MAY BE ATTACHED, BUT SHALL NOT SUBSTITUTE FOR COMPLETION OF THIS SECTION.** Begin with your present or last position. List promotions or changes from part-time to full-time work hours with the same employer separately. Include work in the U.S. Armed Forces & attach a copy of your discharge certificate. Attach extra pages if necessary to provide a complete work history. Describe how you qualify for the position you are seeking.

Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed & job responsibilities:
		From:	To:	
Address				
Job Title		Hourly Rate / Salary		
		Starting:		
Immediate Supervisor & Title		\$	Per	
Reason for Leaving		Hourly Rate / Salary		
		Final:		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			Per	
Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed & job responsibilities:
		From:	To:	
Address				
Job Title		Hourly Rate / Salary		
		Starting:		
Immediate Supervisor & Title		\$	Per	
Reason for Leaving		Hourly Rate / Salary		
		Final:		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Per	
Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed & job responsibilities:
		From:	To:	
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Immediate Supervisor & Title		\$	Per	
Reason for Leaving		Hourly Rate / Salary		
		Final:		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Per	
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Job Title		Hourly Rate / Salary		
		Starting:		
Immediate Supervisor & Title		\$	Per	
Reason for Leaving		Hourly Rate / Salary		
		Final:		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Per	

PERSONAL REFERENCES
(Not a Relative or Former Employer)

List name, address & telephone number of three business / work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

<u>Name</u>	<u>Mailing Address & Zip</u>	<u>Phone</u>	<u>Relationship to You</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

List membership in professional, trade, business or civic association and any office held. Exclude memberships that would reveal gender, race, religion, national origin, age, color, disability or other protected status.

1. _____
2. _____
3. _____

List special accomplishments, publications, awards, etc. Exclude information that would reveal a protected class status as noted above.

ACKNOWLEDGMENTS AND RELEASES

I certify the facts set forth in this Application of Employment, in my resume, and in any other materials I have submitted are true and complete. I understand that the submission of any false information in connection with my application for employment will result in immediate discharge at any time thereafter should be employed by the City of Grosse Pointe Woods (hereinafter "the City.")

I hereby authorize the City to contact all my former and current employers, educational institutions, military entities, and the other references I have provided regarding me and my performance record and work, academic and/or military experience. I also hereby release the City and its employees, Council Members, officers, and agents, and all of my former and current employers, educational institutions, military entities, and the other references I have provided, from any and all liability and damages for releasing or using information concerning me and my performance record and work, academic and/or military experience. I also hereby waive any right under the Bullard-Plawecki Right to Know Act, 1978 PA 397, to receive written notice from the City or any former or current employer, that disciplinary reports, letters of reprimand, or other disciplinary action taken against me while employed, will be or have been disclosed to a third person or entity.

I also understand that the City may, in its sole discretion, conduct or have conducted by an individual or entity of its choice, a conviction-only criminal background history search on me. I hereby consent to this search being conducted and to the disclosure of the results of that search by the individual or entity conducting the search to the City. I further hereby release the individual or entity conducting the search, the City, and its employees, Council Members, officers, and agents, from any and all liability, claims and damages, including but not limited to, claims for releasing or using any information revealed as a result of this search. I also understand and acknowledge that false information provided by me or criminal convictions will result in disqualification from employment with the City or in dismissal from employment if an offer of employment has been made and accepted.

I hereby consent to having a physical and/or mental examination (s) and/or test(s) conducted by a physician or other professional of the City's choice, and understand that any offer of employment is conditioned upon the results of this examination (s) and/or test(s).

In consideration of my employment, I agree and understand that my employment, compensation and benefits can be terminated with or without cause, and with or without notice, at any time, at either my option or at the option of the City, it being mutually understood and agreed that my relationship with the City is one of employment at will and no representative of the City, has any authority to enter into any agreement for employment for any period of time or to make any agreement contrary to the foregoing. I also understand and agree that any and all fringe benefits that I may receive as a result of my employment with the City may be modified by the City, and do not vest by reason of my employment, continued employment or otherwise.

I will abide by all policies, rules and regulations of the City.

Signature of Applicant: _____ Date: _____