



APPLICATION FOR EMPLOYMENT

The Civil Rights Act of 1964 prohibits discrimination in employment practices because of race, color, religion, sex or national origin. The Americans with Disabilities Act prohibits discrimination in employment due to disability. The Age Discrimination in Employment Act prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. The laws of Michigan also prohibit all of the above types of discrimination, as well as discrimination based on height, weight, marital status, or handicap.

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Telephone () _____ Cell Phone () _____ E-mail address _____

Position(s) applied for _____ Date of application ____/____/____

Type of employment desired Full Time Part Time Temporary Seasonal Educational Co-Op

Referral Source Advertisement Employee Relative Government Employment Agency

Walk-in Private Employment Agency Other

Name of source (if applicable) _____

If necessary, best time to call you at home is _____ : AM / PM

May we contact you at work? _____ Yes No

If yes, work number and best time to call.....() _____ : AM / PM

If you are under 18 and it is required, can you furnish a work permit?..... Yes No

Have you submitted an application here before? Yes No

If yes, give date(s) and position(s) _____

Have you ever been employed here before? Yes No If yes, give dates From ____/____/____ To ____/____/____

List names of any relatives working at City of Northville _____

Are you legally eligible for employment in this country?..... Yes No

Date available for work ____/____/____ What is your desired salary range?\$ _____

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Driver's license number if driving is an essential job function _____ State _____

Have you read the description of this position? Yes No Are you qualified to perform these duties? Yes No

Will you work overtime if required? Yes No

If no, please explain _____

Have you ever been bonded? Yes No

Have you used, possessed, or sold any illegal drugs in the past five years?..... Yes No

If yes, state which drugs and explain if you used, possessed, or sold them _____

Have you ever been convicted of a crime?..... Yes No

Are there any felony charges currently pending against you?..... Yes No

If yes, please provide date(s) and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS, AND NATURE OF THE VIOLATION, REHABILITATION, AND POSITION APPLIED WILL BE TAKEN INTO ACCOUNT.

Employment History

Provide the following information of your past and current employers, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

| | | | |
|---|----------------------|-----|---|
| EMPLOYER TELEPHONE # () | DATES EMPLOYED | | SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES |
| | FROM | TO | |
| ADDRESS | | | |
| STARTING JOB TITLE / FINAL JOB TITLE | HOURLY RATE / SALARY | | |
| | STARTING | | |
| IMMEDIATE SUPERVISOR AND TITLE | \$ | PER | |
| REASON FOR LEAVING | HOURLY RATE / SALARY | | |
| | FINAL | | |
| MAY WE CONTACT FOR REFERENCE? YES NO LATER | \$ | PER | |

| | | | |
|---|----------------------|-----|---|
| EMPLOYER TELEPHONE # () | DATES EMPLOYED | | SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES |
| | FROM | TO | |
| ADDRESS | | | |
| STARTING JOB TITLE / FINAL JOB TITLE | HOURLY RATE / SALARY | | |
| | STARTING | | |
| IMMEDIATE SUPERVISOR AND TITLE | \$ | PER | |
| REASON FOR LEAVING | HOURLY RATE / SALARY | | |
| | FINAL | | |
| MAY WE CONTACT FOR REFERENCE? YES NO LATER | \$ | PER | |

| | | | |
|---|----------------------|-----|---|
| EMPLOYER TELEPHONE # () | DATES EMPLOYED | | SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES |
| | FROM | TO | |
| ADDRESS | | | |
| STARTING JOB TITLE / FINAL JOB TITLE | HOURLY RATE / SALARY | | |
| | STARTING | | |
| IMMEDIATE SUPERVISOR AND TITLE | \$ | PER | |
| REASON FOR LEAVING | HOURLY RATE / SALARY | | |
| | FINAL | | |
| MAY WE CONTACT FOR REFERENCE? YES NO LATER | \$ | PER | |

COMMENTS INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

Salary and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

EDUCATIONAL BACKGROUND (if job related)

A. List last three schools attended, starting with the most recent. (B) List number of years completed. (C) Indicate degree or diploma earned, if any. (D) Grade Point Average or Class Rank. (E) Major field of study. (F) Minor field of study (if applicable).

| A. School | B. Number of Years Completed | C. Degree / Diploma | D. GPA or Class Rank | E. Major | F. Minor |
|-----------|------------------------------|---------------------|----------------------|----------|----------|
| | | | | | |
| | | | | | |
| | | | | | |

REFERENCES

List names and 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 that are not related to you.

| Name | Telephone | Number of Years Known |
|------|-----------|-----------------------|
| | () | |
| | () | |
| | () | |

MILITARY SERVICE

Have you ever served in the armed forces? Yes No If yes, what branch? _____

Rank at discharge _____ Dates of duty: From ____/____/____ to ____/____/____

Are you a present member in National Guard or Reserves? Yes No

ADDITIONAL INFORMATION

List professional, trade, business or civic associations and any offices held. (Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, or any other similarly protected status.)

| Organization | Offices Held |
|--------------|--------------|
| | |
| | |
| | |
| | |

List special accomplishments, publications, awards, etc. (Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, or any other similarly protected status.)

List any additional information you would like us to consider:

APPLICANT STATEMENT

The facts set forth above are true and complete. I hereby authorize investigation of all statements contained in this application and full disclosure of my present and prior work record. I grant permission to the City of Northville ("City") to obtain information concerning my general reputation, character, conduct, and work quality and authorize any person or organization contacted to furnish information and opinions concerning my qualifications for employment, whether same is a matter of record or not, including personal evaluation of my honesty, reliability, carefulness, and ability to take orders from my superiors. I understand that this may include a record of disciplinary action assessed by previous employers. I hereby release any such person or organization from all liability that may result in furnishing such information or opinion. I hereby release the City and any person, organization, or prior employer from any obligation to provide me with written notification of such disclosure. I understand that employment is contingent upon this investigation and, if employed, false statements in this application shall be considered sufficient cause for dismissal. I understand and agree that if, in the opinion of the City, the results of the investigation are unsatisfactory, that an offer of employment that has been made may be withdrawn or my employment with the City may be terminated.

I further understand that the City may require a medical examination by a designated physician: (1) after I have received an offer of employment and prior to my commencement of employment duties; and (2) during the course of my employment as required by business necessity or for job-related purposes. I hereby consent to such examinations and recognize that employment is contingent upon receipt of a satisfactory medical evaluation. I further understand and agree that prior to commencing employment or after I am employed, I may be requested to submit to tests to determine presence of alcohol or illegal drugs, and agree to the release of any such test results to appropriate personnel, and agree that if I refuse such tests before commencing employment, my offer of employment will be revoked, or if I refuse such tests after being employed, my employment will be terminated.

I agree that this application is not an offer of employment. I agree that if I am employed by the City (1) my contract of employment is at will and may be terminated at any time, with or without notice and with or without cause, at the option of either the City or myself; (2) I will receive wages and benefits and be subject to rules and regulations and that such wages, benefits, rules and regulations are subject to change by the City at any time with or without notice to me; (3) my assigned work hours may be modified by the City, and if requested, I will be required to work overtime; (4) this constitutes the entire agreement between the City and myself and that any and all prior agreements are null and void, and that nothing in any documents published by the City, either before or after this agreement, shall in any way modify the above terms; (5) this agreement cannot be modified by any oral or written representations made by anyone employed by the City, either before or after this agreement, except by a written document directed exclusively to me which specifically refers to this agreement and is signed by the City Manager and me.

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE STATEMENTS AND CONDITIONS OF EMPLOYMENT.

Date: _____ Signature of Applicant: _____

Note: Your application will be given active consideration for one year. After that period of time, you must reapply to be considered for employment.