



# City of Hazel Park

Application for Employment

Completed Application must be returned to:

City Manager's Office

Mailing Address: 111 East Nine Mile, Hazel Park, Michigan 48030

ANSWER ALL QUESTIONS IN INK-PLEASE PRINT OR TYPE YOUR NAME

POSITION APPLIED FOR \_\_\_\_\_ DEPARTMENT \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

PRESENT MAILING ADDRESS \_\_\_\_\_  
(STREET & NO.) (CITY) (STATE) (ZIP CODE)

MICHIGAN DRIVERS LICENSE NUMBER \_\_\_\_\_

TELEPHONE \_\_\_\_\_  
(AREA CODE) (HOME) (BUSINESS) (CELL)

PLEASE FILL-OUT ALL SECTIONS OF THIS APPLICATION COMPLETELY AND ACCURATELY. YOUR APPLICATION WILL BE USED AS A PART OF THE EXAMINATION PROCESS AND, THEREFORE SHOULD REPRESENT YOUR BEST EFFORT.

## AN EQUAL OPPORTUNITY EMPLOYER

### Education

School	Name and Address of School	Course of Study	Years Attend	Did You Graduate		Diploma or Degree
				YES	NO	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

Other education or training you have had. Include military training, apprenticeship programs, correspondence school, volunteer work, etc.

If you are applying for a clerical position, please complete the following:  
Typing Speed: \_\_\_\_\_ words per minute Shorthand Speed: \_\_\_\_\_ words per minute

### Military Service

Have you ever served in the Armed Forces, National Guard or Military Reserves?  YES  NO  
Branch of Service: \_\_\_\_\_  
Dates of Service \_\_\_\_\_ to \_\_\_\_\_ Honorable Discharge?  YES  NO

### Licenses

Description	License Number	Issued by	Expiration Date

**Experience** Begin with your present or last job. List a promotion as a new job.

1	Company Name:	Salary:	Telephone:	Immediate Supervisor
	Address:	City/State	Dates Employed	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours per week
	Job Title and Responsibilities:		Reason for Leaving	
2	Company Name:	Salary:	Telephone:	Immediate Supervisor
	Address:	City/State	Dates Employed	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours per week
	Job Title and Responsibilities:		Reason for Leaving	
3	Company Name:	Salary:	Telephone:	Immediate Supervisor
	Address:	City/State	Dates Employed	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours per week
	Job Title and Responsibilities:		Reason for Leaving	

May we contact your present employer?  YES  NO

If no, please explain \_\_\_\_\_

**Declaration of Applicant**

- Have you ever been employed by the City of Hazel Park?  YES  NO  
If yes, please list the date of employment and in what department you were employed. \_\_\_\_\_
- Do you have any relatives employed by the City of Hazel Park?  YES  NO  
If so, in what position, and in what department are they employed? \_\_\_\_\_  
What is the relationship? \_\_\_\_\_
- Are you a citizen of the United States?  YES  NO
- Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?  YES  NO  
(Proof of citizenship or immigration status may be requested upon employment)

**References**

Give below the names of three persons not related to you who have knowledge of your experience and qualifications for the position

	Full Name	Address	Telephone	Years Acquainted
1				
2				
3				

**Authorization**

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 on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the City from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the City has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized City representative.

Signature in full	Date
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