

CITY OF HAZEL PARK

Application for Employment

Completed applications must be returned to:

City Manager's Office | 111 E. Nine Mile Road, Hazel Park, MI 48030

ALL QUESTIONS MUST BE COMPLETED IN INK OR USING A FILLABLE PROGRAM

NAME: _____ DATE: _____
(LAST) (FIRST) (MI)

POSITION APPLING FOR: _____ DEPARTMENT: _____

CURRENT MAILING ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE: _____ MICHIGAN DRIVER'S LICENSE #: _____

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

AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION:

| SCHOOL | ADDRESS | COURSE OF STUDY | YEARS ATTENEDED | GRADUATED? | | DIPLOMA OR DEGREE |
|--------|---------|-----------------|-----------------|--------------------------|--------------------------|-------------------|
| | | | | YES | NO | |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | |

ADDITIONAL EDUCATION: PLEASE LIST ANY ADDITIONAL TRAINING OR EDUCATION YOU MAY HAVE HAD | MILITARY, APPRENTICESHIPS, VOLUNTEERING, ETC.

| TYPE OF EDUCATION | YEARS COMPLETED |
|-------------------|-----------------|
| | |
| | |

MILITARY SERVICE:

| | | |
|---|------------------------------|-----------------------------|
| HAVE YOU EVER SERVED IN THE ARMED FORCES, NATIONAL GUARD, OR MILITARY RESERVES? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| BRANCH OF SERVICE: _____ | | |
| DATES OF SERVICE: _____ TO _____ HONORABLE DISCHARGE? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

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: | 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: | 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 CURRENT EMPLOYER? YES NO

IF NO, PLEASE EXPLAIN: _____

DECLARATION OF APPLICANT:

1. HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF HAZEL PARK? YES NO
 - a. IF YES, PLEASE LIST THE DATE OF EMPLOYMENT AND IN WHAT DEPARTMENT. _____
2. DO YOU HAVE ANY RELATIVES EMPLOYED BY THE CITY OF HAZEL PARK? YES NO
 - a. IF SO, IN WHAT POSITION, AND IN WHAT DEPARTMENT ARE THEY EMPLOYED? _____
 - b. WHAT IS THE RELATIONSHIP? _____
3. ARE YOU A CITIZEN OF THE UNITED STATES? YES NO
4. ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO
 - a. (PROOF OF CITIZENSHIP OR IMMIGRATION STATUS MAY BE REQUESTED UPON EMPLOYMENT)

REFERENCES:

GIVE THE NAME 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. | | | | |

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 INVESTIGATIONS 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 |
|-------------------|------|