



CITY OF WARREN

APPLICATION FOR DISPATCHER



Name: _____
Last
First
Middle

Address: _____
Street Address
City
State
Zip

Telephone Numbers: _____
Daytime Phone
Alternate Phone

Email Address: _____

Maiden Name: _____ Other Previously Used Names: _____

Are you at least 18 years of age? Yes No
 If under 18, are you at least 16 years of age? Yes No
 Are you a United States Citizen? Yes No
 If not are you legally authorized to work in the United States? Yes No

Do you have a valid driver's license? Yes No Class/Type: _____
 If yes, driver's license number: _____ Issued by the State of: _____

Have you ever been convicted of a felony? Yes No
 Do you have any felony charges pending against you at the present time? Yes No
 If yes, please complete the following:
 Date: _____ Place: _____
 Nature of Offense: _____

U.S. Military Service Branch of Service: _____
 Date of Service: _____ From _____ To _____ Type of Discharge: _____

If you are claiming preference as a veteran or disabled veteran, you must attach a copy of your DD214 and your V.A. disability letter and claim number.

In accordance with the City of Warren Charter Provision on nepotism, Section 7.27, are you related to anyone who is elected, an appointed official or an employee of the City of Warren?

Name: _____ Position: _____ Relationship: _____

Name: _____ Position: _____ Relationship: _____

EDUCATION – (List elementary schools, high schools, then colleges or Vocational Training):

NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	MAJOR FIELD OF STUDY	DID YOU GRADUATE?	DEGREE, DIPLOMA OR CERTIFICATE

PRELIMINARY REQUIREMENTS – Explain how you meet the preliminary requirements listed in the job posting. Include any training and skills (such as other languages spoken) you have that may be useful for the job, which you are applying. Be specific:

EMPLOYMENT – Begin by listing your last or present employment first. List a promotion as a new job. List all employers. (Use additional sheets if necessary):

EMPLOYMENT DATES		COMPANY NAME, ADDRESS & TELEPHONE NUMBER, NAME & TITLE OF SUPERVISOR	WAGE/ SALARY	POSITION	REASON FOR LEAVING	MAY WE CONTACT FOR REFERENCE	
FROM	TO					YES	NO
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

CHARACTER REFERENCES – List at least two (2) responsible adults who have knowledge of your work ethic, experience, and ability. (Do not include relatives, former or present employers.):

NAME	ADDRESS	PHONE # (Inc Area Code) EMAIL ADDRESS	OCCUPATION

CERTIFICATION / SIGNATURE

Read Carefully Before Signing:

I hereby certify that the foregoing statements are true to the best of my knowledge. I further authorize investigation and verification of all statements contained in this application for employment and release from all liability and responsibility of all persons, companies or corporations supplying such information. I understand such information may include records of disciplinary action assessed by previous employers and hereby release such parties from obligation to provide me with written notification of such disclosure. I further understand that any misrepresentation, falsification or omission of pertinent facts will subject me to discharge at any time.

Further, I agree to take a physical examination and recognize any offer of employment is contingent upon the results of such an examination, as well as successful completion of a background investigation. I understand that all offers of employment are made in writing by the Personnel Department and that no statement or verbal representation by any City official or employee constitutes an offer of employment. I acknowledge and understand that if hired in a Civil Service classification, and if in the event there is a disagreement between the City as an employer and me, the undersigned, that I must resort to either contract or administrative grievance procedures before I can resort to any remedy to the courts.

Signature: _____

Date: _____

AN EQUAL OPPORTUNITY EMPLOYER

CITY OF WARREN – DEPARTMENT OF HUMAN SERVICES

EQUAL EMPLOYMENT OPPORTUNITY DATA FORM

In accordance with FEDERAL EQUAL EMPLOYMENT OPPORTUNITY GUIDELINE, the City of Warren is required to maintain statistical data pertaining to the sex and race of job applicants. The information obtained from this form is used for statistical purposes only and does not become a part of your application for employment. Please assist us in obtaining this required data by check the appropriate spaces below.

Thank you for your cooperation.

Position applying for: **DISPATCHER**

NAME: _____ SEX: FEMALE MALE

ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

ETHNIC GROUP:

- WHITE** (*not of Hispanic origin*) – All persons having origins in any of the original people of Europe, North Africa or the Middle East.
- BLACK** (*not of Hispanic origin*) – All persons having origins in any of the Black racial groups of Africa.
- HISPANIC** – All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- ASIAN OR PACIFIC ISLANDERS** – All persons having origins in any of the original people of the Far East, Southeast Asia, the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- AMERICAN INDIAN OR ALASKAN NATIVE** – All persons having origins in any of the original people of North America who maintain cultural identification through tribal affiliation or community recognition.
- MULTI-RACIAL** (*having parents of more than one of the board race categories listed above*) – If you select this category please also check the category above which is your predominate race (the race you are most often identified as).

HOW DID YOU BECOME AWARE OF THIS POSITION?

- DETROIT NEWS / DETROIT FREE PRESS NEWSPAPER
- PERSON TOLD YOU
- JOB POSTING (WHERE: _____)
- OTHER (BE SPECIFIC: _____)

SIGNATURE: _____ DATE: _____

TO: All City of Warren Employees and 37th District Court Employees
FROM: Department of Human Resources
SUBJECT: Official Policy on Drug-Free Workplace

The City of Warren is supportive of all of its employees who provide the excellent services enjoyed by our citizens. In consideration of the fact that we must maintain our status as a “responsible source” for the award of Federal Contracts under the Drug Free Workplace Act, the following is now policy for all employees.

EFFECTIVE IMMEDIATELY. All city workplaces, whether at this or other sites, are declared a drug-free workplace. This means:

EMPLOYEES CANNOT KNOWINGLY ABUSE ANY PRESCRIBED MEDICATION. YOU CANNOT FOR ANY REASON ILLEGALLY MANUFACTURE, DISTRIBUTE, DISPENSE, HAVE POSSESSION OF, OR USE ANY FEDERALLY CONTROLLED SUBSTANCES. SOME CONTROLLED SUBSTANCES ARE:

- ALCOHOL
- DEPRESSANTS (tranquilizers)
- CANNABIS (marijuana, hashish)
- STIMULANTS (cocaine, amphetamines)
- NARCOTICS (heroin, morphine, etc.)
- HALLUCINOGENS (PCP, LSD, “designer drugs”, etc.)

This is only a partial list. Personnel can provide a complete list and explanation of Federal controlled substances.

IF YOU VIOLATE THE ABOVE POLICY, THE COMPANY HAS THE RIGHT TO TERMINATE YOU FOR THE FIRST OFFENSE.

CONSUMING ALCOHOLIC BEVERAGES WHILE WORKING OR ON ONE’S LUNCH OR BREAKS WILL BE CONSIDERED A VIOLATION OF THIS POLICY.

This statement give the city’s policy. Employees have the right to know about the dangers of drug abuse in the workplace, the city’s policy about them and about what help is available to help combat drug problems. We will conduct educational program on the dangers of drug abuse in the workplace. Most important to those with such problems, we want to make you aware of the several kinds of help that are available on a voluntary basis. These include:

- COUNSELING PROGRAM
- EMPLOYEE ASSISTANCE PROGRAM
- MEDICAL INSURANCE BENEFITS FOR SUBSTANCE ABUSE PROGRAMS
- INFORMATION ABOUT COMMUNITY RESOURCES FOR ASSESSMENT AND TREATMENT

We’ve established such help as part of our commitment to health, safety and well-being of our employees and their families. We encourage you to use it as needed.

In addition, we will provide supervisory training to assist in identifying and addressing illegal drug use by employees.

Should any employee be convicted of violating a criminal drug statute in the workplace, the law requires that he or she notify the company within five (5) days of conviction (including pleas of guilty or nolo contendere). Failure to do so can subject the employee to disciplinary action, up to and including terminations. By law, we must then notify the federal contracting officer of the conviction within ten (10) days.

On notice of such a conviction the city has the right to discipline the employee or offer participation in an approved rehabilitation or drug abuse assistance program. If such help is offered and accepted the employee must satisfactorily take part in the program to continue employment.

ALL EMPLOYEES ARE ASKED TO ACKNOWLEDGE THAT THEY HAVE BEEN INFORMED OF THE ABOVE POLICY AND AGREE TO ABIDE BY IT IN ALL RESPECTS. BY LAW, THIS ACKNOWLEDGEMENT AND AGREEMENT ARE REQUIRED OF YOU AS A CONDITION OF CONTINUED EMPLOYMENT.

Employees are encouraged to refer an questions on the above policy to their supervisors or the Human Resources Department.

Signature

Date

Revised: JANUARY 1, 2019

DRUG TESTING POLICY AND PROCEDURE STATEMENT FOR APPLICATIONS

POLICY

A drug screen test (urine) will be required on all applications selected for employment/training (including, but not limited to: part-time, full-time, temporary, civil-service, non-civil service, students, etc.) as a part of the pre-employment physical assessment performed. The test will be administered prior to the first day of employment/training by a provider designated by the City of Warren.

If a test result indicates the presence of an illegal or prohibited drug or substance which exceeds the cut-off level, the Applicant selected for employment/training will be disqualified for further hiring/training consideration.

PROCEDURE

- * All otherwise qualified applicants selected for employment/training will be tested for drug use prior to the first day of employment/training. Such testing will include the analysis of urine, or any other medically accepted testing procedure as determined by the City of Warren.
- * This application which includes a Drug Testing Consent Form must be signed prior to the time of any such drug testing, authorizing the City of Warren (and/or the City's designated testing agent) to conduct such testing and to rely upon the results.
- * Refusal to consent to and participate in such drug testing will automatically disqualify the applicant/student selected for employment/training from further consideration.
- * Applicants testing positive for the presence of drugs in their bodies will automatically be disqualified from further consideration and in the future for a minimum of two years.
- * The City of Warren and/or agent will conduct confirmatory testing/inquiry of initial positive test results.
- * All information from an employee's drug and alcohol test is confidential and only those with a need to know will be informed of test results. Test results may also be communicated at any judicial or administrative proceeding. The result of a positive test shall not be released to the Personnel Department until the results have been confirmed.

DRUG/ ALCOHOL TESTING POLICY

PURPOSE

I recognize that certain chemical substances are being consumed throughout the nation as part of the contemporary way of life. Many of these substances are considered contraband in and of themselves, which means that it is a violation of the law to possess or distribute them. In developing this policy, the City of Warren recognizes the need for its employees to comply fully with the law at all times in their conduct of City business. It is also recognized that alcohol and drug abuse ranks as one of the major health problems in the world. The City of Warren is especially concerned with those situations where the use of drugs or alcohol interferes with the health and safety of its employees/students, its residents and the public, adversely affects job performance, or is considered to be detrimental to the City of Warren operations.

POLICY STATEMENT - PRE-EMPLOYMENT SCREENING

The City of Warren will maintain pre-employment screening practices designed to prevent hiring individuals who use illegal drugs* or individuals whose use of legal drugs* indicates a potential for impaired or unsafe job performance.

- * **"Illegal drugs"** means: any drug
 - a. Which is not legally obtainable; or
 - b. Which is legally obtainable but has not been legally acquired

The term includes prescription drugs not being used for prescribed purposes. It also includes marijuana.

- * **"Legal drugs"** include:
 - a. Unauthorized prescription drugs and over-the-counter medications which may prevent employees from performing their normal job duties at a safe and acceptable level of performance.
 - b. Unauthorized alcoholic beverages
 - c. Legally acquired medications used exceeding therapeutic/prescribed levels in such a way that could prevent normal job duties at a safe and acceptable level of job performance

CITY OF WARREN DRUG TESTING CONSENT FORM FOR EMPLOYMENT

I, _____, understand that the City of Warren requires drug testing as a part of its selection and hiring process and is required consent of all applicants selected for employment (including internship, training, etc.), whether on a temporary, permanent, part-time, full-time, civil service, non-civil service, or any other basis. I also understand that such drug testing will consist of the collection of urine or any other medically recognized test designed to detect traceable amounts of drug in the body. I further understand that if such testing indicates the presence of illegal drugs in my body in detectable amounts, I will be disqualified from further hiring/training consideration. I understand that refusal to consent to and participate in such drug testing will automatically disqualify me from further hiring consideration. I hereby give my consent to the City of Warren to administer any drug testing procedures to me, and to use the results of such testing in further determining my employability with the City of Warren in any capacity.

I further understand that as an employee of the City of Warren, I will be subject to random, reasonable cause and/or post-accident *drug and/or alcohol testing* at any time during my employment or enrollment. Refusal to consent to and participate in such drug and/or alcohol testing will automatically subject me to termination of employment or immediate dismissal from the City of Warren.

I understand that this is not a contract for employment and that even if employed, I will remain terminable and free to resign at any time I wish. I consent to all of the above.

X

Signature of Applicant/Employee

Date

Printed Name of Applicant/Employee

X

Signature of Legal Parent or Legal Guardian if Applicant/Employee is a minor

Date

Printed Name of Legal Parent or Legal Guardian

RELEASE FOR DRIVER'S LICENCE/OPERATOR'S RECORD REVIEW

RE: Eligibility for Operating City Vehicles on Behalf of the City of Warren in the Scope of City Employment

_____ voluntarily agrees to a "Driver's License/Operator's Record Review".

The City of Warren has determined that no employee may be hired who will be assigned to operate a vehicle or use a personal vehicle in the performance of their employment with the City until all pre-employment processing is completed. One of the steps in the pre-employment processing procedure is a review of the applicant's operator's record. The applicant's operator's record will be reviewed by the Warren Police Department Training Division to determine eligibility for vehicle operation.

Signature: _____ Date: _____
Applicant

RELEASE OF INFORMATION

I authorize the City of Warren to make such investigation and inquiries of my personal, previous employment, financial or medical history and other related matters they deem necessary for consideration of my application of employment.

I release employers, schools or persons from all liability in responding to inquiries regarding my application.

Provide any additional names you have used to check your record.

Signature: _____ Date: _____
Applicant

NOTIFICATION OPTION

The Warren Police Department Training Division will need to contact you regarding the next steps in the recruitment process. Please indicate (X) which one of the two (2) methods you would like to be contacted.

Certified Mail OR Email

Clearly print email address: _____

Signature: _____ Date: _____
Applicant
