



CITY OF HARPER WOODS, MICHIGAN

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION

INSTRUCTIONS:

PLEASE FURNISH COMPLETE AND ACCURATE INFORMATION. APPLICATIONS WILL BE VERIFIED. INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE CONSIDERED. BE SURE TO SIGN THE APPLICATION AFTER READING THE STATEMENT AT THE END OF THIS APPLICATION FORM. IN ADDITION TO COMPLETING THIS FORM, YOU MAY ATTACH A RESUME DETAILING YOUR PROFESSIONAL AND EDUCATIONAL BACKGROUND.

POSITION APPLIED FOR: _____ APPLICATION DATE: _____

MINIMUM SALARY ACCEPTABLE: _____ DATE AVAILABLE FOR WORK: _____

NAME (Last, First, Middle Initial) _____ SOCIAL SECURITY # _____ - _____ - _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

E-MAIL ADDRESS: _____ @ _____

PHONE NUMBER: _____ / _____ - _____ MOBILE NUMBER: _____ / _____ - _____

PRIOR ADDRESSES (Last 5 Years): _____

EMPLOYMENT DESIRED:
_____ FULL TIME WORK _____ PART TIME WORK _____ TEMPORARY _____ SEASONAL

ARE YOU 18 YEARS OF AGE OR OLDER? _____ Yes _____ No

DO YOU HAVE ANY RELATIVES NOW OR PREVIOUSLY EMPLOYED BY THE CITY OF HARPER WOODS?

_____ Yes _____ No Name: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ Yes _____ No
(A positive response to this question does not automatically disqualify you from consideration)

IF YES, WHEN, WHERE, AND NATURE OF OFFENSE: _____

ARE THERE ANY FELONY CHARGES PENDING AGAINST YOU? _____ Yes _____ No

IF YES, WHEN, WHERE, AND NATURE OF OFFENSE: _____

ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES? _____ YES _____ NO if "NO", indicate when you expect to be able to legally work in the United States. _____

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? _____

EDUCATIONAL BACKGROUND

<u>SCHOOL</u>	<u>NAME/LOCATION</u>	<u>COURSE OF STUDY</u>	<u>DID YOU GRADUATE</u> <u>Yes/No</u>	<u>HIGHEST GRADE, DEGREE OR DIPLOMA</u>
HIGH SCHOOL				
G.E.D.				
VOCATIONAL				
COLLEGE/UNIVERSITY				
OTHER				

PROFESSIONAL LICENSES/CERTIFICATIONS/CREDENTIALS

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

DRIVER LICENSE NUMBER: _____ EXP. DATE _____

STATE ISSUED: _____ TYPE: _____

COMPUTER KNOWLEDGE:

SYSTEMS: _____

SOFTWARE PROFICIENCY: _____

MILITARY SERVICE:

BRANCH: _____ DATES: _____

FINAL RANK: _____ TYPE OF DISCHARGE: _____

EMPLOYMENT EXPERIENCE

Please list periods of employment in sequence beginning with your current or most recent position. List every promotion as a new job. Attach extra pages if necessary. Describe your job duties in detail to enable the reviewer to correctly evaluate your qualifications. List the primary tasks and responsibilities performed in each position held. *Please include all requested information, even if a résumé is attached.*

EMPLOYER: _____ ADDRESS: _____

PHONE NUMBER: _____ JOB TITLE: _____

SUPERVISOR/TITLE: _____

DATES EMPLOYED: FROM _____ TO _____

SALARY RECEIVED: START _____ FINAL _____ FULL OR PART TIME _____

REASON FOR LEAVING: _____

WORK PERFORMED: _____

EMPLOYER: _____ ADDRESS: _____

PHONE NUMBER: _____ JOB TITLE: _____

SUPERVISOR/TITLE: _____

DATES EMPLOYED: FROM _____ TO _____

SALARY RECEIVED: START _____ FINAL _____ FULL OR PART TIME _____

REASON FOR LEAVING: _____

WORK PERFORMED: _____

EMPLOYER: _____ ADDRESS: _____

PHONE NUMBER: _____ JOB TITLE: _____

SUPERVISOR/TITLE: _____

DATES EMPLOYED: FROM _____ TO _____

SALARY RECEIVED: START _____ FINAL _____ FULL OR PART TIME _____

REASON FOR LEAVING: _____

WORK PERFORMED: _____

Have you ever worked for a company under a different name? Yes No

If Yes, what was the name?

Have you ever been discharged from any employment? Yes No

If Yes, please explain:

PERSONAL REFERENCES

List name, address, and telephone number of three persons who are familiar with your qualifications and characteristics. Do not include employers or relatives.

NAME _____ PHONE NUMBER _____
ADDRESS _____ CITY/STATE/ZIP _____
NAME _____ PHONE NUMBER _____
ADDRESS _____ CITY/STATE/ZIP _____
NAME _____ PHONE NUMBER _____
ADDRESS _____ CITY/STATE/ZIP _____

CERTIFICATION/SIGNATURE

IMPORTANT - READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

1. I certify that all information contained in this application and any attachments hereto is true, complete and accurate i understand that any misrepresentations or furnishing of false or misleading information will result in rejection from any further consideration for employment or, if employed, be grounds for dismissal from employment.
2. I understand that any offer of employment is conditional upon the results of a physical examination, and psychological examination where applicable, by a physician and psychologist selected by the city.
3. I authorize the city of Harper Woods to verify and investigate all information provided in this application and further authorize those persons and organizations named therein to release information regarding me, that they may fully respond to all inquiries concerning me and specifically i waive prior written notice of disclosure of my personal record information, including any disciplinary reports, letters of reprimand or other disciplinary action. I also authorize educational institutions to release information relative to claimed degrees and achievements. In consideration of the acceptance of my application for employment by the city of Harper Woods. I hereby release the city, current and past employers, educational institutions, health care professionals and institutions and any other parties named herein from any and all claimed liability arising out of any such responses and disclosures.
4. I hereby acknowledge that this application is for employment of indefinite duration terminable at will at any time for any reason by myself or by the city, except as otherwise provided by the terms of a collective bargaining agreement, if any, applicable to me. Further, i understand that no supervisor, employee or any other individual or group of individuals has the authority to make any agreement oral, written or implied or any other representation contrary to this.

5. I hereby acknowledge that, in accordance with the Michigan Internet Privacy Act, the City may view information about me on social media and elsewhere online as part of its background investigation, but only if the information is available in the public domain or can be obtained without "required access information" such as usernames, passwords, or security questions.

Signature: _____ Date: _____

Print Name: _____