

EMPLOYMENT APPLICATION

City of Flat Rock, 25500 Gibraltar Road, Flat Rock, MI 48134
Phone: 734.782.2455 www.flatrockmi.org



NAME: _____

POSITION APPLIED FOR: _____

APPLICATION DATE: _____

MINIMUM SALARY ACCEPTABLE: _____ DATE AVAILABLE FOR WORK: _____

INSTRUCTIONS: Complete all necessary information. Please print or type. Be sure to sign and date this application.

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

E-MAIL ADDRESS: _____ @ _____

PHONE NUMBER: _____ / _____ - _____

CELL PHONE NUMBER: _____ / _____ - _____

PRIOR ADDRESSES (Last 5 Years): _____

ARE YOU INTERESTED IN FULL TIME WORK	Yes	No
ARE YOU INTERESTED IN PART TIME WORK	Yes	No
ARE YOU 18 YEARS OF AGE OR OLDER?	Yes	No

DO YOU HAVE ANY RELATIVES NOW OR PREVIOUSLY EMPLOYED BY THE CITY OF FLAT ROCK? Yes No Name: _____

HOW DID YOU HEAR ABOUT THIS OPENING?

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: _____

DO YOU KNOW OF ANY REASON WHY YOU WOULD NOT BE ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT ACCOMMODATION?

Michigan law requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer. Handicapped employees and applicants may request an accommodation of their handicap by notifying the City in writing of the need for accommodation within 182 days of the date the handicapper knows or should know that an accommodation is needed. Failure to notify the City will preclude any claim that the employer failed to accommodate the handicapper.

IN THE EVENT OF AN EMERGENCY, WHOM DO YOU WISH TO BE NOTIFIED?

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

EDUCATIONAL BACKGROUND

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	DID YOU GRADUATE?		HIGHEST GRADE, DEGREE OR DIPLOMA
HIGH SCHOOL	_____	_____	Yes	No	_____
G.E.D.	_____	_____	Yes	No	_____
VOCATIONAL	_____	_____	Yes	No	_____
COLLEGE	_____	_____	Yes	No	_____
UNIVERSITY	_____	_____	Yes	No	_____
OTHER	_____	_____	Yes	No	_____

PROFESSIONAL LICENSES/CERTIFICATIONS/CREDENTIALS:

TYPE: _____ NUMBER: _____
TYPE: _____ NUMBER: _____
TYPE: _____ NUMBER: _____

DRIVER LICENSE NUMBER: _____ **EXP. DATE** _____ **STATE ISSUED:** _____

COMPUTER KNOWLEDGE:

SYSTEMS: _____
SOFTWARE PROFICIENCY: _____

ARE THERE ANY OTHER EXPERIENCES, SKILLS, OR ABILITIES THAT QUALIFY YOU FOR MUNICIPAL WORK:

MILITARY SERVICE

BRANCH: _____ DATES: _____
FINAL RANK: _____ TYPE OF DISCHARGE: _____

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: _____

PRIOR WORK HISTORY

List your present employment first. Use extra pages if necessary. 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:

PRE-EMPLOYMENT STATEMENT (Please read carefully and sign the statement below.) I understand and

agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or, if employed, termination from the CITY OF FLAT ROCK'S employ.

2. Any offer of employment I may receive from the CITY OF FLAT ROCK is contingent upon my successful completion of the city's total pre-employment screening process, including the city's receiving references that it considers satisfactory, and my satisfactory completion of any post offer pre-employment medical examination that the city may require. I also agree, if employed, to submit to a medical examination at any time at the city's request. I hereby consent to having the results of any post offer pre-employment or post-employment medical exams I may be required to take disclosed to the CITY OF FLAT ROCK.

3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of the CITY OF FLAT ROCK. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to the CITY OF FLAT ROCK.

4. In processing my application for employment, the city may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record, and mode of living. I understand that upon written request to the city, I will be informed whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.

5. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

6. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the city and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the city or myself. I further understand that no representative of the city, other than the Mayor, Department Head, or City Attorney, has any authority to enter any agreement with me for employment for any specified period of time or to make

Any agreement different from, or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.

Signature: _____

Date: _____

(Print Name)