

CITY OF SOUTHGATE

14400 Dix-Toledo Highway, Southgate, Michigan 48195
(734) 258-3010

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Position or Classification Applied for: _____

PERSONAL DATA

NAME: _____ DATE: _____
 LAST FIRST MIDDLE

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ ALTERNATE PHONE: _____

Have you ever applied for employment with the City of Southgate? _____ YES _____ NO
(If yes: Month & Year _____ Location: _____)

Do you have a relative who is a current or former employee of the City of Southgate: _____ Yes _____ No
(If yes: Name of employee _____ Relationship _____)

Apart from absence for religious observance, are you available for full time work? _____ Yes _____ No

If not, what hours can you work? _____ Will you work overtime if requested? _____ Yes _____ No

Date Available: _____ Are you over 18 years of age: _____ Yes _____ No

Are you legally eligible for employment in the United States? _____

Other special training or skills (Languages, machine operation, etc.) _____

Have you ever been convicted of any crime, either misdemeanor or felony? _____ Yes _____ No

If "yes" describe when, where, nature of offense and disposition: _____

Are there any charges pending against you? _____ Yes _____ No

If "yes" describe in full detail: _____

NOTE: conviction or pending charges do not automatically mean you cannot be appointed. What you were convicted of and how long ago are important. Give us all the facts so that a decision can be made.

MILITARY SERVICE

Were you ever in active duty in the U.S. Armed Forces? _____ Yes _____ No

If "yes", Branch: _____

Please describe your duties and any special training: _____

EDUCATION

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
College					
High School					
Elementary School					
Other					

EMPLOYMENT HISTORY

DIRECTIONS: Review the qualifications on the announcement for this examination carefully. If work experience or specific skills are listed as qualifications, you must describe how you meet the qualifications by listing your work experience, skills, etc. in this Section of the application. **BE COMPLETE AND SPECIFIC.** Begin with your present or last job. List promotions or changes from part-time to full-time work hours with the same employer separately. Attach extra pages if necessary to provide a complete work history. Describe how you qualify for the examination.

NOTE: FAILURE TO COMPLETE THIS SECTION OF THE APPLICATION MAY RESULT IN DISQUALIFICATION. You will not be contacted to clarify this information, nor will amendment or correction be permitted after the official closing date of the examination for which you have applied.

EMPLOYMENT HISTORY CONTINUED

Employer:	Address:
Telephone:	Job Title:
Name of Supervisor:	Employed (Month and Year) From: To:
Describe your duties:	Reason for leaving:
Number of hours per week:	Final Salary:

Employer:	Address:
Telephone:	Job Title:
Name of Supervisor:	Employed (Month and Year) From: To:
Describe your duties:	Reason for leaving:
Number of hours per week:	Final Salary:

Employer:	Address:
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Employer:	Address:
Telephone:	Job Title:
Name of Supervisor:	Employed (Month and Year) From: To:
Describe your duties:	Reason for leaving:
Number of hours per week:	Final Salary:

PERSONAL REFERENCES

(Not a Relative)

- | | <u>Name</u> | <u>Mailing Address</u> | <u>Phone Number</u> | <u>Association</u> |
|----|-------------|------------------------|---------------------|--------------------|
| 1. | _____ | | | |
| 2. | _____ | | | |
| 3. | _____ | | | |

HOW DID YOU BECOME AWARE OF EMPLOYMENT VACANCY? _____

"I agree and understand that any employment offer is conditional upon the results of the pre-employment medical examination."

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 handicapped person is aware that an accommodation is needed. Failure to properly notify the City will preclude any claim that the employer failed to accommodate the handicapped person.

I agree that any lawsuit against the City arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal Civil Rights Statutes, must be brought within one year of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide at my request the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

DATE

SIGNATURE