

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

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

PERSONAL DATA						
NAME:LAST FIRST MIDDLE			DATE	DATE:		
LAST	FIRST	MIDDLE				
ADDRESS:	CITY:	:	STATE:	ZIP:		
HOME PHONE:		ALTERNATE PHON	IE:			
Have you ever applied for employ (If yes: Month & Year _	ment with the City of Sout)		
Do you have a relative who is a cu (If yes: Name of employe	urrent or former employee o	of the City of Southgate: Relationshi	Yes	No		
Apart from absence for religious of	observance, are you availab	le for full time work?	Yes	No		
If not, what hours can you work?	Will yo	ou work overtime if requ	ested?Yes	No		
Date Available:	Are yo	u over 18 years of age:	Yes	No		
Are you legally eligible for emplo	yment in the United States	?				
Other special training or skills (La	anguages, machine operatio	on, etc.)				
Have you ever been convicted of	any crime, either misdemea	nor or felony?	Yes	No		
If "yes" describe when, where, na	ture of offense and disposit	ion:				
Are there any charges pending aga	ainst you? Yes	No				
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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

Please describe your duties and any special training:	
If "yes", Branch:	
Were you ever in active duty in the U.S. Armed Forces?	YesNo

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

EMPLOYMENT HISTORY

<u>DIRECTIONS:</u> 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)
Traine of Supervisor.	From: To:
Describe your duties:	Reason for leaving:
Number of hours per week:	Final Salary:
Employer:	Address:
Telephone:	Job Title:
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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 Companying	Employed (Month and Voca)
Name of Supervisor:	Employed (Month and Year) From: To:
Describe your duties:	Reason for leaving:
Number of hours per week:	Final Salary:

Telephone: Name of Supervisor: Employed (Month and Year) From: To:	Employer:		Address:			
Name of Supervisor: Employed (Month and Year) From: To:						
Name of Supervisor: Employed (Month and Year) From: To:						
Name of Supervisor: Employed (Month and Year) From: To:						
Describe your duties: Reason for leaving: Reason for leaving:	Telephone:	-	Job Title:			
Describe your duties: Reason for leaving: Reason for leaving:						
Describe your duties: Reason for leaving:	Name of Supervisor:					
Number of hours per week: Employer: Address: Telephone: Name of Supervisor: Describe your duties: PERSONAL REFERENCES (Not a Relative) Name Mailing Address Phone Number Association 1	Describe your duties:					
Employer: Address: Telephone: Name of Supervisor: Employed (Month and Year) From: From: Reason for leaving: Number of hours per week: Final Salary: PERSONAL REFERENCES (Not a Relative) Name Mailing Address Phone Number Association 1. 2.	Describe your duties.		Reason for reaving.			
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Telephone: Job Title:	Number of hours per week.		Tiliai Salaiy.			
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Name of Supervisor: Employed (Month and Year) To:	Employer:		Address:			
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Personal Reason for leaving: Number of hours per week: Final Salary:	Telephone:		Job Title:			
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PERSONAL REFERENCES (Not a Relative) Name Mailing Address Phone Number Association 1	Number of hours per week:		Final Salary:			
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(Not a Relative) Name Mailing Address Phone Number Association 2.						
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2	<u>Name</u>	Mailing Address	Phone Number Association			
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3	3.					
HOW DID YOU BECOME AWARE OF EMPLOYMENT VACANCY?	HOW DID YOU BECOME AW	ARE OF EMPLOYMENT VAC	CANCY?			

"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 than 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 my 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	