



# City of Wyandotte, Michigan 48192

## APPLICATION FOR EMPLOYMENT

(Please Print Clearly)

The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex or national origin. The Age Discrimination in Employment Act prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. The laws of Michigan also prohibit all of the above types of discrimination, as well as discrimination based on height, weight, marital status or disability.

### EMPLOYMENT DESIRED

Position applied for \_\_\_\_\_

Have you read the description of this job?  Yes  No Are you qualified to perform these duties?  Yes  No

Other position you would consider \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  Temporary

Date you can start \_\_\_\_\_ Wage expected \$ \_\_\_\_\_

### PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Other last names used while working, if any \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No

If no, specify type of entry document and work authorization \_\_\_\_\_

Have you even been convicted of a crime?  Yes  No

If yes, please give specifics \_\_\_\_\_

Are there any felony charges pending against you? \_\_\_\_\_

If yes, please give specifics \_\_\_\_\_

Have you ever served in the U.S. Military?  Yes  No If yes, indicate branch \_\_\_\_\_

Dates of duty: From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Type of Discharge \_\_\_\_\_  
Month Date Year Month Date Year

Do you have a reliable means of transportation to enable you to get to work in a timely manner?  Yes  No

If you are applying for a position requiring the use of an automobile or other motor vehicle, do you have a driver's license and a motor vehicle available for your use?  Yes  No

Are you licensed to drive a motor vehicle other than an automobile?  Yes  No

If yes, what type of license do you hold? \_\_\_\_\_

Have you ever been employed by the City of Wyandotte?  Yes  No If yes, when? \_\_\_\_\_

Have any of your relatives ever been, or currently are, employed by the City of Wyandotte (including elected officials)?

Yes  No If yes, indicate names and dates: \_\_\_\_\_

Are you a smoker?  Yes  No If yes, will you abide by the City's smoking policy?  Yes  No

Have you used, possessed or sold any illegal drugs in the past five years?  Yes  No

If yes, state which drugs and explain if you used, possessed or sold them

Have you ever been bonded on a job?  Yes  No If yes, when? \_\_\_\_\_

**IN CASE OF AN ACCIDENT OR EMERGENCY, PLEASE NOTIFY:**

Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

**PERSONAL REFERENCES**

(Not former employers or relatives)

Name and Occupation	Address	Phone Number

# EDUCATION

Identify any special skills, training or licenses you have which are related to the position you are applying for:

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	Name of School	City/State	Degree	Major
<b>High School</b>				
<b>College</b>				
<b>Other</b>				

# EMPLOYMENT HISTORY

(Begin with most recent and use additional sheet, if necessary)

Company Name \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Type of Business \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Phone Number \_\_\_\_\_ Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_

Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Duties Performed \_\_\_\_\_

If presently employed, may we contact your supervisor?  Yes  No

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Company Name \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Type of Business \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Phone Number \_\_\_\_\_ Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_

Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Duties Performed \_\_\_\_\_

Have you ever been suspended or discharged from employment?  Yes  No

If yes, please explain \_\_\_\_\_

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The facts set forth are true and complete. I hereby authorize investigation of all statements contained in this application and full disclosure of my present and prior work record. I grant permission to the City of Wyandotte ("City") to obtain information concerning my general reputation, character, conduct and work quality and authorize any person or organization contacted to furnish information and opinions concerning my qualifications for employment, whether same is a matter of record or not, including personal evaluation of my honesty, reliability, carefulness and ability to take orders from my supervisor. I understand that this may include a record of disciplinary action assessed by previous employers. I hereby release any such person or organization from any and all liability which may result in furnishing such information or opinion. I hereby release the City and any person, organization or prior employer from any obligation to provide me with written notification of such disclosure. I hereby authorize the City of Wyandotte to perform a background investigation which may include address verification, criminal history, employment history, driving record and credit history. I understand employment is contingent upon this investigation and, if employed, false statements in this application shall be considered sufficient cause for dismissal. I understand and agree if, in the opinion of the City, the results of the investigation are unsatisfactory, an offer of employment that has been made may be withdrawn or my employment with the City may be terminated. I understand that the City requires residency within twenty (20) miles of a City boundary for all employees and that if I do not satisfy this requirement at the time of hire that I will have six (6) months to establish and maintain compliance.

I further understand the City may require a medical examination by a City-designated physician (1) after I have received an offer of employment and prior to my commencement of employment duties; and, (2) during the course of my employment as required by business necessity or for job-related purposes. I hereby consent to such examination and recognize that employment is contingent upon receipt of satisfactory medical evaluation. I further understand and agree that prior to commencing employment or after I am employed, I may be requested to submit to tests to determine the presence of alcohol or illegal drugs, and agree to the release of such test results to appropriate personnel, and agree that if I refuse such tests before commencing employment, my offer of employment will be revoked, or if I refuse such test after being employed, my employment will be terminated.

### **APPLICANTS FOR UNION POSITIONS**

I recognize that if I am employed by the City in the position for which I have applied, I will be subject to the provisions of a labor agreement between the City and Union. I further recognize that I have no contract for employment other than the above referenced labor agreement and that no documents, statement, or other communication in any way constitutes an agreement between the City and me and that the Labor agreement will be the only agreement between me and the City and I must abide by that agreement and all City published rules and regulations.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENT AND CONDITIONS OF EMPLOYMENT

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

### **APPLICANTS FOR NON-UNION POSITIONS**

I agree this application is not an offer of employment. I agree that if I am employed by the City (1) my employment is at will and may be terminated at any time, with or without cause, at the option of either the City or myself; (2) I will receive wages and be subject to the rules and regulations of the Personnel Policy Handbook and such wages, benefits, rules and regulations are subject to change by the City at any time; (3) that my assigned work hours may be modified by the City, and if requested, I will be required to work overtime; (4) and that this constitutes the entire agreement between the City and myself and all prior agreements are null and void, and nothing in any documents published by the City either before or after this agreement, shall in any way modify the above terms; (5) this agreement cannot be modified by any oral or written representation made by anyone employed by the City, either before or after this agreement, except by a written document directed exclusively by me and signed by the Mayor and City Clerk.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENT AND CONDITIONS OF EMPLOYMENT

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_