

# APPLICATION FOR EMPLOYMENT

## CITY OF ALLEN PARK, MICHIGAN



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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position(s) applying for: \_\_\_\_\_

The following is a summary of the application procedure:

1. You must complete the application in full.
2. The City of Allen Park conducts background checks. Failure to disclose felony or misdemeanor convictions will result in disqualification from further employment consideration.
3. A written examination may be required. When a written examination is conducted, you will be notified of the date, time and place. You must be present at the time specified as make-up tests are not given. In addition to a written examination you may be required to take and pass an oral interview(s), and demonstrable proficiency examination.
4. Applicants will be subject to a background history examination, and are also subject to a pre-employment post-employment offer physical and drug screening examination.

The City of Allen Park considers all applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, the City complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. The City also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws.

**THE CITY OF ALLEN PARK IS AN EQUAL OPPORTUNITY EMPLOYER**

**This application must be filled out completely and submitted to the Human Resources office at the Allen Park City Hall, 16630 Southfield Road, Suite 3100, Allen Park, MI, 48101. Applications may be faxed to (313) 386- 2125, or emailed to hrsearch@cityofallenpark.org.**

**This Application constitutes a part of the application process and must be completed in full. Any falsification or fraudulent omission of any information or incomplete information in this Application may be grounds for disqualification.**

1. Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Other(\_\_\_\_) \_\_\_\_\_

**Do you have a valid Driver's License?**

Yes  No State \_\_\_\_\_ Expires \_\_\_\_\_

2. Position(s) for which you are applying? \_\_\_\_\_

3. Are you legally entitled to work in the United States?

Yes  No

If hired, you will be required to provide proof of citizenship or immigration status, as required by law.

4. Are you 18 years or older?

Yes  No

5. Have you ever worked under a different name?

Yes  No

6. If the answer is yes, please provide name(s) used so employment can be verified:

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7. Can you perform the duties of the job in which you wish to be employed, with or without accommodation?

Yes  No

8. Have you ever been employed by the City of Allen Park?

Yes  No

If the answer is yes, fill in your experience record below – use the back of this form if necessary.

From (date)	To (date)	Department	Position	Nature of Duties

9. Have you ever been convicted of a felony or misdemeanor?

Yes  No

(A conviction will not necessarily be a bar to employment. The nature and circumstance of a conviction will be considered in any employment related decision.)

Are there any felony charges currently pending against you?

Yes  No

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

10. Military Service Record: Have you ever served in the U.S. Armed Forces?

Yes  No

11. What dates and times are you available for work?

Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Days/Times: \_\_\_\_\_

List below, your complete education and training:

	High School	Collage/University	Graduate/Professional
School Name			
Grade/Years Completed			
Diploma/Degree			
Describe Course of Study			
Describe Specialized Training/Apprenticeships, Skills, and Extra-Curricular Activities.			

List Below, all previous employers – start with your present or last job. DO NOT REPEAT EXPERIENCE ALREADY RECORDED. Add additional pages of this form if necessary.

May we contact the employers listed below: \_\_\_\_\_

Employer	Date Employed		Work Performed
	From	To	
Address:			
Telephone:			
Job Title:	Hourly Rate/Salary		
Supervisor:	Starting	Final	
Reason for Leaving:			

Employer	Date Employed		Work Performed
	From	To	
Address:			
Telephone:			
Job Title:	Hourly Rate/Salary		
Supervisor:	Starting	Final	
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Address:			
Telephone:			
Job Title:	Hourly Rate/Salary		
Supervisor:	Starting	Final	
Reason for Leaving:			

I understand that answers given herein are true, complete and correct to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_