



CITY OF MOUNT CLEMENS  
One Crocker Boulevard  
Mount Clemens, Michigan 48043-2566  
www.cityofmountclemens.com

Human Resources Department  
586.469.6818, option 5

## APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer  
M/F/D/V

**THE CITY OF MOUNT CLEMENS WILL NOT DISCRIMINATE ON THE BASIS OF  
AGE, SEX, RELIGION, RACE, COLOR, NATIONAL ORIGIN OR DISABILITY**

Please type or print clearly

### POSITION INFORMATION

Position Desired			Date
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Seasonal	Date Available
Have you ever worked for the City of Mount Clemens?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:	When?	_____	
	In what capacity?	_____	

### PERSONAL INFORMATION

First Name	Middle Name	Last Name		
Address		City	State	Zip Code
Telephone Number		Alternate Telephone Number		
Are you 18 years or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what type of visa? _____

The City of Mount Clemens has a policy which states that no employee is permitted to work within the "chain of command" of a relative. Do you have any relatives currently employed with the City?

Yes  No If yes, please state their name and position: \_\_\_\_\_

\_\_\_\_\_

### CRIMINAL HISTORY

Have you ever been convicted of a felony or misdemeanor crime (other than a traffic violation)?  
*Note: Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.*

Yes  No If yes, explain: Offense: \_\_\_\_\_ Date: \_\_\_\_\_

Where did it occur? \_\_\_\_\_

**EDUCATION HISTORY**

Highest Education:  Elementary  Associate Degree  
 High School  Bachelor Degree  
 Some College  Master Degree  
 Other \_\_\_\_\_

School	Name & Location	Did you Graduate?	Credit Hours Completed	Degree Received	Major
High School	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No			
College/University	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Business	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**LICENSE/REGISTRATION/CERTIFICATES**

If you currently hold a license, registration or certificate to practice as a member of a profession, occupation or trade, indicate the type, issuing authority, number, date of issuance and expiration date.

Type	Issuing Authority	Number	Date of Issuance	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**MILITARY SERVICE**

Branch of Service \_\_\_\_\_ Highest Rank Held \_\_\_\_\_

List Major Duties Including Special Training \_\_\_\_\_  
 \_\_\_\_\_

Service School Attended \_\_\_\_\_

Present Selective Service Classification \_\_\_\_\_

Are you presently a member of the Reserves or National Guard?  Yes  No

**ESSENTIAL JOB-RELATED FUNCTIONS**

Are you capable of performing, with or without reasonable accommodation (special assistance, equipment or other help), the activities involved in the job or occupation for which you have applied?

Yes  No

**EMPLOYMENT RECORD**

Give the information requested for all positions, including self-employment. List your most recent employment first, beginning with your present position if you are employed. Attach an additional sheet if necessary.

Name	Dates of Service From: _____ To: _____
Street Address _____ City _____	State _____ Zip _____
Job Titles and Duties Performed	Reason for Leaving

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Street Address _____ City _____	State _____ Zip _____
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**REFERENCES**

Give the names of at least three reliable persons, other than relatives, who are sufficiently familiar with your qualifications and character to give information about you.

Name	Address	City, State	Phone Number

**DRIVER'S LICENSE INFORMATION/DRIVING EXPERIENCE**

This section only applies to those positions which require driving a City vehicle.

Do you currently hold a valid driver's license?  Yes  No

If no, please explain: \_\_\_\_\_

List the following for each current valid driver's license you currently hold:

State	License Number	Expiration Date	Class

During the past five years, have you had any driver's license not listed above?  Yes  No

If yes, for each list:

State	License Number	Expiration Date	Class

During the last three years have you, as a driver, been involved in any vehicle accidents, regardless of vehicle type (car, truck, cycle, etc.), regardless of who was at fault, and regardless of location (highway, parking lot, terminal, etc.)?

Yes  No

If yes, how many? \_\_\_\_\_

No. of vehicles involved : \_\_\_\_\_

No. injured/killed: \_\_\_\_\_

For each, please indicate:

Date	Time	City	State	Type of Vehicle Driven

Describe accident(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were you given a ticket?  Yes  No

If yes, what was the infraction? \_\_\_\_\_

Has your driver's license, permit, or driving privilege ever been denied, suspended or revoked?

Yes  No If yes, explain: \_\_\_\_\_

Have you ever been issued a probationary license, occupational license or other restricted license?

Yes  No If yes, explain: \_\_\_\_\_

Have you ever been convicted for driving under the influence of alcohol, narcotic drugs, amphetamines, or derivatives thereof?

Yes  No If yes, explain: \_\_\_\_\_

During the past three years, have you ever been convicted of, or forfeited bond for any traffic violations other than parking?

Yes  No If yes, explain: \_\_\_\_\_





# CITY OF MOUNT CLEMENS

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Mount Clemens, Michigan 48043

## AFFIRMATIVE ACTION PROGRAMS ANNOUNCEMENTS AND INVITATION TO SELF-IDENTIFY

The City of Mount Clemens is an equal opportunity employer in all personnel practices, including recruitment, advertising, hiring, participation in training and development programs, promotion and upgrading, demotion, transfer, layoff and termination, pay and other forms of compensation, insurance, workers' compensation, and other benefits. We are committed to affirmative action and prohibit discrimination based on race, color, sex, age, religion, national origin, disability, Vietnam-era veteran status, or other eligible veteran status, or any other unlawful forms of discrimination.

You are invited to complete and submit this self-identification form as part of the City of Mount Clemens' Affirmative Action Plan for employees and applicants. **Completion of the following information is voluntary.** If you do not wish to self-identify at this time, you may do so in the future by submitting this form. Anyone electing not to participate will not be subject to adverse treatment. Information obtained will be used only in accordance with Federal and State regulations and will be kept confidential. Persons involved in making personnel decisions will not have access to this form.

Please check one box each to indicate your gender and racial ethnic background. Definitions given below are in accordance with Equal Employment Opportunity Commission (EEOC) guidelines.

Male

Female

Caucasian: Persons having origins in any of the original peoples of Europe, North Africa, and the Middle East who are not of Hispanic origin.

Asian or Pacific Islander: Persons having origins in any of the original peoples of China, Japan, Korea, the Philippine Islands, the Indian subcontinent (including Pakistanis), the Far East, Southeast Asia, the Pacific Islands (includes Vietnamese, Thais, Indonesians, Malaysians, Hawaiians, and Samoans).

Black: Persons with origins in any of the Black racial groups of Africa (including Jamaicans and Trinidadians), who are not of Hispanic origin

American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition (includes Eskimos and Aleuts).

Hispanic: Persons of Mexico, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.

I do not wish to self-identify.

Name (please print): \_\_\_\_\_

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

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

Empl. No.: \_\_\_\_\_

Form Reviewed by:  
(please print) \_\_\_\_\_

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

### How did you become aware of this job opening?

Newspaper  
 City's Website

Post Card  
 Michigan Works!

Cable Television  
 Other \_\_\_\_\_

**Applicants** Return form to Human Resources  
**New Hires** Return form to Human Resources  
**Employees** Return form to Human Resources