

EDUCATION HISTORY

Highest Education: Elementary High School Some College Associate Degree Bachelor Degree 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 _____ Rank at Discharge _____

List Major Duties Including Special Training _____

Service School Attended _____

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
Phone Number		Reason for Leaving	
Job Titles and Duties Performed			

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

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

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

REFERENCES

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

	Name	Address	City, State	Phone Number
1				
2				
3				

Name: _____

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, determined to be responsible for, or forfeited bond for any traffic violations other than parking?
 Yes No If yes, explain: _____



CITY OF MOUNT CLEMENS

One Crocker Boulevard
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