



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, DISABILITY OR GENETIC INFORMATION**

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 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: |
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| | | | |

| | | | |
|---------------------------------|--|--------------------|-----------|
| 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: _____

ADDITIONAL INFORMATION

You may use the space below to complete your answers to any of the questions or to give additional information about your qualifications for the type of work for which you are applying.

**I understand that any information provided in this application
may be subject to release under the Freedom of Information Act.**

AGREEMENT AND UNDERSTANDING

1. I certify that the answers and information given by me in this application are true, correct and complete without qualification. I understand that the City has the right to refuse to hire or subject me to discipline, including termination, at any time, if it discovers that the information and/or answers that I have provided in this application for employment, including any resume that I may have submitted, are not true, correct and/or complete.

2. I waive written notice from my current employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel records (even if more than four years old). This waiver is made pursuant to the Bullard-Plawecki Employee Right-to-Know Act.

3. I authorize the references and current and former employers listed in this application to give the City any and all information concerning my current and previous employment and any pertinent information they may have (even if more than four years old) and release all parties from any liability for any damages that may result from furnishing same to the City.

4. I understand that any offer of employment is conditional pending the results of pre-employment requirements such as testing, drug screening or background checks. I further understand that the City may withdraw any conditional offer of employment at any time, for any reason or for no reason at all.

I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF EACH OF THE ABOVE FOUR (4) INDIVIDUAL STATEMENTS, AS INDICATED ABOVE.

Signature: _____ Date: _____



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