



Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes  No

(Proof of citizenship or immigration status may be requested upon employment)

Have you ever been fired? Yes  No

If Yes, give date, where you worked and explanation: \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No

If Yes, completely describe including location and date:

\_\_\_\_\_

**NOTE:** A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation, and rehabilitation will be considered.

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

(See attached job description)

Describe how you would perform the job functions involved in the job or occupation for which you have applied.

\_\_\_\_\_

### EDUCATION

	High School	Vocational/ Technical	College	Graduate
School Name, City/State				
Did you graduate? (If not, number of credit hours completed)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Degree/Certificate				
Major/Minor				

Describe any specialized training, apprenticeships, internships, skills, licenses, certificates, and extra-curricular activities that pertain to the position(s) for which you are applying.

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List professional, trade, business group memberships and offices held and volunteer work excluding groups the name and character of which indicate race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected class:

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### REFERENCES

(Do not include relatives or former employers)

Name

Address

Telephone

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### MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States of America or in a State National Guard?  
Yes  No

If Yes, what branch? \_\_\_\_\_ Rank at discharge \_\_\_\_\_

Date of discharge \_\_\_\_\_ Were you honorably discharged? Yes  No

NOTE: A dishonorable discharge from the military will not necessarily be a bar to employment.
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## EMPLOYMENT HISTORY

List each job held. Start with your present or last job first.

Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			
Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			
Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			

## EMPLOYMENT HISTORY (CONT'D.)

Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			
Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			
Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			

**AGREEMENT AND UNDERSTANDING**

1. I certify that the information in this application is true, complete and correct to the best of my knowledge and understand that falsification, misleading, misrepresentation or omission of any information submitted in connection with my application or interview, whether in this document or not, may result in rejection of my application or, if hired, in dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

3. I authorize the references and current and former employers listed in this application to give you 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 you.

Signature \_\_\_\_\_ Date \_\_\_\_\_

4. I authorize the City of Madison Heights to release any information (even if more than four years old) relating in any way to my employment including disciplinary reports, letters of reprimand or other notices of disciplinary action when such information is requested by any prospective or subsequent employers without any obligation (by them or you) to give me any notice of such disclosure.

Signature \_\_\_\_\_ Date \_\_\_\_\_

5. I understand that any employment offer is conditional upon the results of the drug screening test, post offer pre-employment medical examination, and criminal history check.

Signature \_\_\_\_\_ Date \_\_\_\_\_

6. I authorize the City of Madison Heights to procure a consumer report as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the City of Madison Heights to procure consumer reports at any time during my employment period.

Signature \_\_\_\_\_ Date \_\_\_\_\_

7. I have read the job description as posted on the City's website. If employed, I understand that if I am or become handicapped in need of accommodations for employment, I must notify the City of Madison Heights Personnel Department in writing within 182 days after the need is known or reasonably should have been known to me. The requirement is applicable under the Michigan Handicappers Act and this does not preclude any rights an applicant may have pursuant to the Americans with Disabilities Act of 1990, as amended. Failure to properly notify the City will preclude any claim that the employer failed to accommodate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

8. I authorize the City of Madison Heights to investigate my criminal history as determined necessary. I hereby release and discharge the City of Madison Heights, the Oakland County Sheriff's Department, and/or the Michigan State Police and their agents from liability for any damage of whatever kind or nature, except for willful or intentional acts, that may result from release of this information to the City of Madison Heights.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANTS FOR UNION POSITIONS READ AND SIGN PARAGRAPH 9(B). DO NOT SIGN PARAGRAPH 9(A).**

**APPLICANTS FOR NON-UNION POSITIONS READ AND SIGN PARAGRAPH 9(A). DO NOT SIGN PARAGRAPH 9(B).**

**FOR NON-UNION**

- 9(A). In consideration of my employment, I agree to conform to the rules and regulations of the City of Madison Heights, as they may be amended or changed from time to time, and I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either the City or myself. I understand that no officer or representative of the City has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the City Manager of the City or his designee and any such agreement must be made in writing, directed to me personally. I further acknowledge that no one has made any representations or statements to the contrary to the City's employment at-will policy or about the City's economic outlook or stability to me, either oral/or in writing, and I acknowledge and understand that no one has the authority to make such representations or statements to the contrary in the future.

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

**FOR THE UNION**

- 9(B). In consideration of my employment, I agree to the rules and regulations of the City of Madison Heights. I further acknowledge I will be on probationary status for a period determined by the Union contract and/or City personnel rules and regulations. As a probationary employee, I understand my employment and compensation can be terminated at any time with or without cause and with or without notice at the option of either the City or myself. I understand that no officer or representative of the City has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the City Manager of the City and his designee and any such agreement must be made in a signed writing directed to me personally.

I further understand that after my probationary period ends, I will be subject to the terms and conditions of the collective bargaining agreement between the City of Madison Heights and pertinent union. I acknowledge that no one has made any representations or statements contrary to the City's probationary at-will policy to me or about the City's economic outlook or stability either orally or in writing, and I acknowledge that no one has the authority to make such representations or statements to the contrary in the future.

Signature \_\_\_\_\_ Date \_\_\_\_\_

10. I agree that any lawsuit against the City arising out of my employment or termination of employment, including but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within six months of the event giving rise to the claims or be forever barred. I waive any limitations period to the contrary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF EACH OF THE ABOVE TEN (10) INDIVIDUAL STATEMENTS, AS INDICATED ABOVE.**

**SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**



CITY OF MADISON HEIGHTS
PERSONNEL DEPARTMENT
300 W. 13 MILE ROAD
MADISON HEIGHTS, MI 48071

COMPLETE ALL QUESTIONS IN THIS SECTION. THE INFORMATION REQUESTED HEREIN IS NECESSARY TO COMPLY WITH GOVERNMENTAL RECORD KEEPING AND REPORTING REQUIREMENTS.

Date \_\_\_\_\_ Position Applied For \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_
(Last) (First) (Middle) (Area Code)

Address \_\_\_\_\_
(Number) (Street)
(City) (State) (Zip Code)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CHECK THE BOX THAT APPLIES TO YOU:

Table with 3 columns: Race/Ethnicity, Male, Female. Rows include White, African American, Hispanic, American Indian/Alaskan Native, Asian/Pacific Islander, and Other.

REFERRAL SOURCE:

- Referral source options: Newspaper Advertisement, Website, Michigan Unemployment Office, City Employee, Walk-In, Other.