



City of Lincoln Park, Michigan

48146 APPLICATION FOR

EMPLOYMENT

(Please Print Clearly)

The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex or national origin. The Age Discrimination in Employment Act prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. The laws of Michigan also prohibit all of the above types of discrimination, as well as discrimination based on height, weight, marital status or disability.

EMPLOYMENT DESIRED

Position applied for _____

Have you read the description of this job? Yes No Are you qualified to perform these duties? Yes No

Other position you would consider _____

Type of employment desired: Full-Time Part-Time Temporary

Date you can start _____ Wage expected \$ _____

PERSONAL INFORMATION

Name _____

Last

First

Middle

Address _____

Street

City

State

Zip

Phone Number _____ Email _____

Other last names used while working, if any _____

Are you a U.S. Citizen? Yes No

If no, specify type of entry document and work authorization _____

Have you even been convicted of a crime? Yes No

If yes, please give specifics _____

Are there any felony charges pending against you? _____

If yes, please give specifics _____



Have you ever served in the U.S. Military? Yes No If yes, indicate branch _____

Dates of duty: From _____/_____/_____ To _____/_____/_____ Type of Discharge _____
Month Date Year Month Date Year

Do you have a reliable means of transportation to enable you to get to work in a timely manner? Yes No

If you are applying for a position requiring the use of an automobile or other motor vehicle, do you have a driver's license and a motor vehicle available for your use? Yes No

Are you licensed to drive a motor vehicle other than an automobile? Yes No

If yes, what type of license do you hold? _____

For most positions at the City of Lincoln Park, applicants must have and maintain a good driving record. Please complete the following:
Michigan Driver's License Number:

Have you ever been employed by the City of Lincoln Park? Yes No If yes, when? _____

Have any of your relatives ever been, or currently are, employed by the City of Lincoln Park (including elected officials)?

Yes No If yes, indicate names and dates: _____

Have you used, possessed or sold any illegal drugs in the past five years? Yes No

If yes, state which drugs and explain if you used, possessed or sold them

Have you ever been bonded on a job? Yes No If yes, when? _____

IN CASE OF AN ACCIDENT OR EMERGENCY, PLEASE NOTIFY:

Name _____ Phone Number () _____

Address _____
Street City State Zip

EDUCATION

Identify any special skills, training or licenses you have which are related to the position you are applying for:

	Name of School	City/State	Course of Study	Degree	Major	Did You Graduate
High School						
College						
Other						

If you attended college, did you take any courses that directly relate to the job for which you are applying?

Have you ever belonged to a club, organization, society or professional group which has a direct bearing upon your qualification for the job which you are seeking? (Do not include organizations which would reveal race, religion, physical handicap, marital status, age or ancestry.)

Please add any additional information about your special skills and qualifications which you feel may aid us in evaluating your suitability for employment.

EMPLOYMENT HISTORY

(Begin with most recent and use additional sheet, if necessary)

Company Name _____ Employed from _____ to _____

Address _____
Street City State Zip

Type of Business _____ Name of Supervisor _____

Phone Number _____ Starting Salary _____ Final Salary _____

Position _____ Reason for leaving _____

Duties Performed _____

If presently employed, may we contact your supervisor? Yes No

Company Name _____ Employed from _____ to _____

Address _____
Street City State Zip

Type of Business _____ Name of Supervisor _____

Phone Number _____ Starting Salary _____ Final Salary _____

Position _____ Reason for leaving _____

Duties Performed _____

Have you ever been suspended or discharged from employment? Yes No

If yes, please explain _____

PERSONAL REFERENCES

(Not former employers or relatives)

Name and Occupation	Address	Phone Number

The facts set forth are true and complete. I hereby authorize investigation of all statements contained in this application and full disclosure of my present and prior work record. I grant permission to the City of Lincoln Park ("City") to obtain information concerning my general reputation, character, conduct and work quality and authorize any person or organization contacted to furnish information and opinions concerning my qualifications for employment, whether same is a matter of record or not, including personal evaluation of my honesty, reliability, carefulness and ability to take orders from my supervisor. I understand that this may include a record of disciplinary action assessed by previous employers. I hereby release any such person or organization from any and all liability which may result in furnishing such information or opinion. I hereby release the City and any person, organization or prior employer from any obligation to provide me with written notification of such disclosure. I hereby authorize the City of Wyandotte to perform a background investigation which may include address verification, criminal history, employment history, driving record and credit history. I understand employment is contingent upon this investigation and, if employed, false statements in this application shall be considered sufficient cause for dismissal. I understand and agree if, in the opinion of the City, the results of the investigation are unsatisfactory, an offer of employment that has been made may be withdrawn or my employment with the City may be terminated.

I further understand the City may require a medical examination by a City-designated physician (1) after I have received an offer of employment and prior to my commencement of employment duties; and, (2) during the course of my employment as required by business necessity or for job-related purposes. I hereby consent to such examination and recognize that employment is contingent upon receipt of satisfactory medical evaluation. I further understand and agree that prior to commencing employment or after I am employed, I may be requested to submit to tests to determine the presence of alcohol or illegal drugs, and agree to the release of such test results to appropriate personnel, and agree that If I refuse such tests before commencing employment, my offer of employment will be revoked, or if I refuse such test after being employed, my employment will be terminated.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENT AND CONDITIONS OF EMPLOYMENT

Dated: _____ Signature: _____

CITY of LINCOLN PARK

■ APPLICANT DATA RECORD –

(Supplement to Employment Application)

The City of Lincoln Park is an **Equal Opportunity Employer**, and qualified applications are considered without regard to race, color, religion, sex, national origin, age, handicap, marital or veteran status.

The following application information is required for the purpose of preparing periodic reports to the Federal government or other record keeping in compliance with Federal requirements. To assist us in these compliance requirements, please complete the Applicant Data Record. The submission of affirmative action information in this Data

Date:

Position applied for _____

Name _____
Last First Middle

Address _____
Street City State Zip

Phone Number _____

Check One: Male Female

Check one of the following Race/Ethnicity Groups:

American Indian/Alaskan Native Asian/Pacific Islander
Black Hispanic White

Check in any of the following are applicable:

Disabled Veteran Handicapped Individual Veteran

How did you become aware of this employment opportunity?

City website Other(explain)_____

