



1355 Southfield Road Lincoln Park, MI 48146
(313) 386-1800 ext. 1222 Fax (313) 386-2205
www.citylp.com

Print Name: _____
(Last) (First)

We appreciate your interest in The City and assure you that we are sincerely interested in reviewing your qualifications. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a medical condition or handicap which is not job related. Listed below is a summary of the application process:

- You must complete the application in full.
- Filing an application does not imply that you will be interviewed or hired, but that you will be considered for vacancies in which you meet the minimum qualifications based upon the position you applied for.
- Applications are considered active for one year. You may be contacted via email, US mail or email.
- A written examination may be required. You will be notified when a written examination is conducted. You must be present at the time specified as make-up tests are not given. In addition to a written examination, you may be required to take and pass an oral interview(s).
- The City of Lincoln Park conducts background checks. Failure to disclose felony or misdemeanor convictions will result in disqualification from employment consideration. Applicants will also be subject to a pre-employment physical and drug screen.

Position Applied For

Full Time Part Time

Administrative Clerk Firefighter Public Service Worker Other (Specify) _____

PERSONAL INFORMATION

Name _____
(Last) (First) (Middle)

Address _____
(Number) (Street) (City) (Zip)

Telephone No. () _____ Email address _____

Please check Yes or No for each question

Are you over the age of 18?

 Yes No

Do you have the legal right to live and work in the U.S.?

 Yes No

If you're not a citizen of the U.S., do you intend on becoming a citizen?

 Yes No

Have you ever worked for the City of Lincoln Park before?

 Yes No

If yes, give the dates employed and position:

Have you ever filed an application with the City of Lincoln Park?

 Yes No

If yes, please give the date:

Including Elected Officials, do you have any relatives employed by the City?

 Yes No

If yes, please list:

Are you currently employed?

 Yes No

On what date would you be available to work?

Since the age of 18, have you ever been convicted of a misdemeanor or felony?

 Yes No

If yes, please explain:

Are any criminal charges currently pending against you?

 Yes No

If so, please explain:

Note: A conviction will not necessarily prevent you from being considered for employment. Each conviction will be evaluated on its own merit with respect to time, circumstance, and seriousness.

Have you ever been dismissed or asked to resign from any employment position?

 Yes No

If yes, please explain:

Are you a veteran of the U.S. military service?

 Yes No

If yes, please indicate dates of duty, if active or in reserves, and provide reasonable proof:

Do you possess a valid Michigan Driver's License?

 Yes No

Are you licensed to drive a motor vehicle other than an automobile?

 Yes No

If yes what type of license do you have?

NOTE: 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 - - - -

Employment

Please give accurate, complete full-time and part-time employment history. Start with your present or your most recent employer.

Employer 1	Name of Company				
	Address				
	Telephone				
	Supervisor Name				
	Job Title				
	Describe Nature of Work				
	Employed Dates (State Month & Year)	From:		To:	
	Weekly Pay	Starting:		Leaving:	
	Reason for leaving				
Employer 2	Name of Company				
	Address				
	Telephone				
	Supervisor Name				
	Job Title				
	Describe Nature of Work				
	Employed Dates (State Month & Year)	From:		To:	
	Weekly Pay	Starting:		Leaving:	
	Reason for leaving				
Employer 3	Name of Company				
	Address				
	Telephone				
	Supervisor Name				
	Job Title				
	Describe Nature of Work				
	Employed Dates (State Month & Year)	From:		To:	
	Weekly Pay	Starting:		Leaving:	
	Reason for leaving				
Employer 4	Name of Company				
	Address				
	Telephone				
	Supervisor Name				
	Job Title				
	Describe Nature of Work				
	Employed Dates (State Month & Year)	From:		To:	
	Weekly Pay	Starting:		Leaving:	
	Reason for leaving				
We may contact employers listed above unless you indicate those you do not want us to contact.		<u>Do Not Contact</u>			
		Employer Number(s)			
		Reason:			

NOTE: Account for periods of time in which you were not employed. If you need additional space, please continue on a separate sheet of paper.

RECORD OF EDUCATION

	Name of School	Address of School	Course of Study	Degree	Major	Did You Graduate
High School						
College						
Other (Specify)						

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.

In case of an emergency, please notify: _____ Telephone No: () _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

PLEASE PROVIDE THE FOLLOWING INFORMATION ON THREE PERSONS WHO ARE FAMILIAR WITH YOUR QUALIFICATIONS AND CHARACTERISTICS.

Name and Occupation	Address	Phone Number

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) will result in discharge.

Signature of Applicant

Date

HANDICAP ACCOMMODATION STATEMENT

Michigan Law requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer. Handicapped employees and applicants may request an accommodation of their handicap by notifying the City in writing of the need for accommodation within 182 days of the date the handicapper knows or should know that an accommodation is needed. Failure to properly notify the City will preclude any claim that the employer failed to accommodate the handicapper.

I have read and understand the above statement:

Applicant's Initials

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 Record will be maintained in a confidential file separate from the Application for Employment.

Position Applied For:

Date:

- Clerical Firefighter Police Officer
- Public Service Worker Other (Specify): _____

Name _____ Phone: () _____
(Last) (First) (Middle)

Address _____
(Number) (Street) (City) (State) (Zip)

Check One: Male Female

Check one of the following Race/ Ethnic Groups: American Indian/ Alaskan Native
 Asian/ Pacific Islander Black Hispanic White

Are any of the following applicable?

Veteran Disabled Veteran Handicapped Individual

How did they hear about this position?

City Website Internet Job Board Current Employee Newspaper: _____
 Other _____