

CITY OF FERNDALE

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religions, sec, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied for _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIPCODE

Telephone (_____) _____ Social Security Number _____ / _____ / _____

Driver's License Number _____

If employed and you are under 18,
can you furnish a work permit? Yes No

Are you between the ages
of 18 and 70? Yes No

Have you filed an application here before? Yes No If Yes, give date _____

Have you ever been employed here before? Yes No If Yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

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 required upon employment.)

On what date would you be available for work? _____

Are you available to work Full Time Part Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Have you ever been fired from a job? Yes No If yes, please explain

If you have any relatives who are employees of the City of Ferndale, give names and relationships to you.

Person to be notified in case of accident or emergency: _____
NAME

ADDRESS PHONE NO. RELATIONSHIP

Has your driver's license ever been suspended or revoked? Yes No

If yes, please explain _____

Have you ever been convicted of a felony? Yes No
(Conviction will not necessarily disqualify applicant from employment.)

If yes, please explain _____

Veteran of the U.S. Military service? Yes No If yes, branch _____

List professional, trade, business or civic activities and office held that are relevant to the position for which you are applying. (You may exclude those which indicate race, color, religion, sex or national origin):

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Special Employment Notice to Individuals with Physical or Mental Handicaps or Medical Problem:

- Section 504 of the federal Rehabilitation Act of 1973 requires that recipients of federal funds provide equal opportunity for employment to qualified mentally and physically handicapped persons.
- If you have any mental or physical handicap or medical problem that would interfere with your ability to perform in this particular position, you are required to provide this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you, if hired, to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential:

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer	Employed From:	/	Work Performed
Address	Employed To:	/	
Telephone ()	Starting Pay:	\$	
Supervisor	Final Pay:	\$	
Reason for Leaving			

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Address	Employed To:	/	
Telephone ()	Starting Pay:	\$	
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Address	Employed To:	/	
Telephone ()	Starting Pay:	\$	
Supervisor	Final Pay:	\$	
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Education

	Elementary	High	College/University	Graduate/Professional
School Name				
Years Completed (Circle)	5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree				
Describe Course of Study:				
Describe Specialized Training, Apprenticeship, skills, and Extra Curricular Activities				

Fire Dept. Applicants - EMT License #, Expiration Date: _____

Police Dept. Applicants - MLEOTC Results, Expiration Date: _____

Special Skills and Qualifications:

Summarize Special Skills and Qualifications you acquired from employment or other experience

Honors Received:

State any additional information you feel may be helpful to us in considering your application.

At the time of appointment, ALL PERSONS HIRED BY THE CITY OF FERNDAL MUST TAKE A PRE-EMPLOYMENT MEDICAL EXAMINATION FROM A CITY-APPOINTED PHYSICIAN. In addition, school and employment references will be checked. Prior employers will be contacted before employment and current employer at the time of employment. All employees must also successfully complete a six-month and/or one year probationary period before the appointment will be considered permanent.

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) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Ferndale.

SIGNATURE OF APPLICANT

DATE

Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, or medical condition or handicap.

As employers, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Application Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Date _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In
 The Daily Tribune
 Detroit News
 Michigan Chronicle
 Employment Agency Other _____

Name _____ Phone(_____) _____
 LAST FIRST MIDDLE AREA CODE

Address _____
 NUMBER STREET CITY STATE ZIPCODE

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicant. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one: Male Female

Check one of the following Race/Ethnic Group:

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

Check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Handicapped Individual

AUTHORITY TO RELEASE PERSONAL INFORMATION

I hereby authorize the CITY OF FERNDALE, MICHIGAN, to conduct investigation into my background including criminal history, driving record, previous employment, (present employer will not be contacted without applicant's prior approval), educational background, medical history, military history, personal history, and to conduct any other investigation that deems appropriate.

I request any custodian of the aforementioned information including duly constituted law enforcement agencies or judicial officers or other appropriate persons to furnish the CITY OF FERNDALE with all information it may have pertaining to me.

I hereby authorize the release of any and all such records of any confidential information to any member of the Ferndale Police Department and/or the CITY OF FERNDALE, to be used in conjunction with my application for employment. Further, in consideration of the CITY OF FERNDALE considering my application for employment, I hereby release, relieve and indemnify the CITY OF FERNDALE, Michigan, the Ferndale Police Department, such custodian of the records as herein indicated and any law enforcement agency or personnel, and any previous employer, from and against any and all liability and/or damages of whatsoever kind or nature arising from the disclosure of any information and/or record pertaining to me which is obtained during such investigation. Further, in consideration thereof, I hereby waive statutory written notice for the release of disciplinary reports, letters of reprimand, or other disciplinary action; and any rights afforded me pursuant to M.C.L. 423.501, the Employees Right to Know Act.

This authorization shall continue until revoked by me in writing. A photocopy of this authorization shall serve in its stead.

Signature of Applicant

Signature of parent/guardian if under 18

Full Name (please print)

Number and Street Address

City

State

Zip Code

Driver's License Number

Expires

State Issued

Date of Birth

Social Security Number

STATE OF MICHIGAN)ss
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____.

_____.

Notary Public, _____ County, Michigan

My commission expires _____.