

APPLICATION FOR EMPLOYMENT

TO THE APPLICANT: We appreciate your interest in the City of Clawson and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which in our judgment, best meets your qualifications.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, or the presence of a medical condition or handicap.

PERSONAL:

Name _____ Date of Application _____
(Last) (First) (Middle)

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

Social Security No. _____ Are you 18 years or older? Yes No

Are you legally authorized to work in the United States? Yes No

Have you been previously employed here? Yes No If yes, date(s) _____

Supervisor(s) Name _____

Have you filed an application before? Yes No If yes, date(s) _____

List any friends or relatives working here _____

EMPLOYMENT DESIRED:

Position(s) applied for _____

Kind of work sought: Full time Part time Other _____

If part-time, please specify hours and days desired _____

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) _____

_____ Date available to start work _____

NOTICE:

Michigan and federal law require 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.

EDUCATION:

		Years	Diploma	Courses
Elementary				
High School				
College				
Graduate				
Vocational Training				

Any other educational training _____

REFERENCES: (do not include relatives)

	Name	Address	Phone Number	Years Acquainted
1.				
2.				
3.				

MILITARY SERVICE RECORD:

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

If yes, what branch? _____ Rank at discharge _____ Date of discharge _____

Are you in the reserves? Yes No If yes, date obligation ends _____

Special / technical training _____

EMPLOYMENT EXPERIENCE: (List current or most recent job first)**O
N
E**

Employer	Dates From To		Work Performed
Address			
Job Title	Hourly Rate / Salary Starting Final		
Supervisor			
Reason for leaving			

**T
W
O**

Employer	Dates From To		Work Performed
Address			
Job Title	Hourly Rate / Salary Starting Final		
Supervisor			
Reason for leaving			

**T
H
R
E
E**

Employer	Dates From To		Work Performed
Address			
Job Title	Hourly Rate / Salary Starting Final		
Supervisor			
Reason for leaving			

**F
O
U
R**

Employer	Dates From To		Work Performed
Address			
Job Title	Hourly Rate / Salary Starting Final		
Supervisor			
Reason for leaving			

ADDITIONAL INFORMATION:

Have you been convicted of a crime? Yes No

If so, where, when and nature of offense _____

Do you have a valid driver's license? Yes No License No. _____ State _____

List professional, trade, business or civic activities and offices held, but please do not include any groups the name or character of which indicate race, color, religion, sex, national origin, handicap, marital or veterans status or disability: _____

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

Name, address, and telephone number of the person to be notified in the event of accident or emergency:

AUTHORIZATION AND UNDERSTANDING:

By my signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment, education, or medical history with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

IF I AM EMPLOYED BY THE CITY, I AGREE THAT EITHER PARTY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP, WITH OR WITHOUT CAUSE, AT ANY TIME, AND I FURTHER AGREE THAT THIS ARRANGEMENT MAY ONLY BE ALTERED IN WRITING DIRECTED TO ME PERSONALLY AND SIGNED BY THE CITY MANAGER. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the City as they are from time to time changed, and no additional obligations can be imposed on the City except those which have been acknowledged in writing by the City Manager. I hereby authorize the City to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owed by me to the City during the course of my employment.

I AGREE THAT ANY ACTION OR SUIT AGAINST THE CITY ARISING OUT OF MY EMPLOYMENT OR TERMINATION OF EMPLOYMENT INCLUDING, BUT NOT LIMITED TO CLAIMS ARISING UNDER STATE OR FEDERAL CIVIL RIGHTS STATUTES, OR OTHER STATUTES OR ORDINANCES, MUST BE BROUGHT WITHIN 180 DAYS OF THE EVENT GIVING RISE TO THE CLAIMS OR BE FOREVER BARRED. I WAIVE ANY LIMITATION PERIODS TO THE CONTRARY. I further agree that if I should bring any action or claim arising out of my employment against the City in which the City prevails, I will pay to the City any and all costs incurred by the City in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my pre-employment physical (if such physical is required) are known.

SIGNATURE _____ **DATE** _____

FOR INTERVIEWER'S USE:

Interviewed by _____ Date _____

Comments _____

Interviewed by _____ Date _____

Comments _____

Interviewed by _____ Date _____

Comments _____

HIRED: Yes Starting Date _____ Department _____ Job Title _____

No Comments _____

APPROVED:

_____	Name _____	Title _____	Date _____
_____	Name _____	Title _____	Date _____
_____	Name _____	Title _____	Date _____
