



# EMPLOYMENT APPLICATION CITY OF ROOSEVELT PARK

900 Oak Ridge Road  
Roosevelt Park, MI 49441  
(231) 755-3721 / Fax (231) 755-1442

CITY STAFF USE ONLY

DATE RECEIVED \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

## GENERAL INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(City) (State) (Zip)

Daytime Phone Number \_\_\_\_\_ Evening Phone Number \_\_\_\_\_

Position applying for: \_\_\_\_\_

## PERSONAL DATA

Are you less than 18 years old? Yes  No  D.O.B. \_\_\_\_\_

Have you ever been convicted of a crime? Yes  No  If yes, when? \_\_\_\_\_

Are you legally eligible for employment in the United States? Yes  No

## EDUCATIONAL BACKGROUND

School: Name & Address of School	Course	Did You Graduate	Diploma or Degree
High School			
College			
Other, Specify			

Do we have permission to check your records at the above institutions? Yes  No

List below, beginning with your most recent, all present and past employment:

1. Employer (Name, Address & Phone)	Duties and Responsibilities	From: Mo. Yr.	Starting Salary	Reason for Leaving:
		To: Mo. Yr.	Last Salary	Name of Supervisor:
Position Held:				
2. Employer (Name, Address & Phone)	Duties and Responsibilities	From Mo. Yr.	Starting Salary	Reason for Leaving:
		To Mo. Yr.	Last Salary	Name of Supervisor:
Position Held:				
3. Employer (Name, Address & Phone)	Duties and Responsibilities	From Mo. Yr.	Starting Salary	Reason for Leaving:
		To Mo. Yr.	Last Salary	Name of Supervisor:
Position Held:				
4. Employer (Name, Address & Phone)	Duties and Responsibilities	From: Mo. Yr.	Starting Salary	Reason for Leaving:
		To: Mo. Yr.	Last Salary	Name of Supervisor:
Position Held:				

**MILITARY SERVICE RECORD**

Were you in the U.S. Armed Forces? Yes  No  If yes, what branch? \_\_\_\_\_

Rank at discharge: \_\_\_\_\_ List of duties in service, including special training \_\_\_\_\_

Have you ever taken any training under the G.I. Bill of Rights: Yes  No

If yes, what training did you take? \_\_\_\_\_

**PERSONAL REFERENCES**

<u>Name</u>	<u>Telephone</u>	<u>Years known</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**ADDITIONAL INFORMATION**

Are there any other skills or experience that you feel would qualify you for work with the City of Roosevelt Park? \_\_\_\_\_

Have you ever been bonded? Yes  No  If yes, on what job(s) \_\_\_\_\_

Do you have any relatives now employed by the City of Roosevelt Park (including City Council members)?

Yes  No  If yes, indicate his or her name \_\_\_\_\_ and how related \_\_\_\_\_.

The facts set forth in my application for employment are true and complete. I understand that if employed, any misrepresentations or omissions made by me on this application shall be sufficient cause for dismissal from the employer's service, whenever it is discovered.

The City of Roosevelt Park is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, gender, disability or national origin.

(over)

I hereby give the employer permission to contact and obtain information from all references, employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

This application is current for 12 months. I understand that at the conclusion of this time, if I have not been contacted by the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that if I am hired, I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application is not an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this employer's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I hereby certify that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## **EMPLOYMENT APPLICATION SUPPLEMENT**

I agree to submit to physical examinations before and during my employment by a health care professional, at the request and expense of the City, and I agree to disclose completely all information requested at such examinations about my physical condition and medical history. I also agree that before and during my employment, at the request and expense of the City, I will cooperate in such medical tests, (including blood, urine, or other testing) as the City requests to check for drugs or alcohol in my system, or for any other physical condition. I waive and release and promise not to make any claims against the City (or any testing agency retained by it, or their employees, directors, owners and agents) relating to any such testing, or from decisions made regarding my employment or termination of employment based upon the results of such testing or analysis.

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Printed Name

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Signature

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Date of Birth

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Date