



EMPLOYMENT APPLICATION

APPLICATION INSTRUCTIONS - Please Use Black Ink.

If you need assistance filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

- 1.) Please read "APPLICANT NOTE."
- 2.) If more space is needed to complete any Questions, use the back of the sheet.
- 3.) Print clearly; incomplete or illegible applications will not be processed.
- 4.) Some packets may have an attached AFFIRMATIVE ACTION QUESTIONNAIRE.
This information is being gathered for Affirmative Action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.
- 5.) **THE CITY OF ROMULUS RESERVES THE RIGHT TO REJECT INCOMPLETE APPLICATIONS.**

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job related skills and for the presence of drugs in your body may be required prior to employment. In accordance with the provisions of the Americans With Disabilities Act, the city of Romulus may require job applicants to undergo a medical and/or psychological examination after an offer of employment has been made, and prior to the commencement of employment duties, and may condition the offer of employment on the results of such examination(s).

TODAY'S DATE: _____

NAME: _____
Last First M.I.

EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

PHONE: _____ **WORK PHONE:** _____

CURRENT ADDRESS: _____
Street City State Zip

PRIOR ADDRESS: _____
Street City State Zip
(IN THE PAST FIVE (5) YEARS)

AVAILABILITY

For which position are you applying? _____

What date can you start? _____ **What category would you prefer?** Full-Time Part-Time Temporary

For which schedules are you available? Weekdays Weekends Evenings Nights Overtime Shift

EDUCATION

Please circle the highest grade completed. 7 8 9 10 11 12 13 14 15 16+

NAME

CITY/STATE

YEAR OF GRADUATION?

HIGH SCHOOL		
COLLEGE		
OTHER		

SECURITY

List states and countries of residence for the past seven years. _____

____ YES ____ NO Have you used any names or Social Security Numbers other than those listed on this application.

____ YES ____ NO Have you been convicted of a felony and/or served time in the past seven years? If so, please describe below. (In accordance with city policy this information will be reviewed for job relatedness and time since last conviction.)

INCIDENT

CITY/STATE

CHARGE

1.		
2.		

JOB-RELATED SKILLS

List languages in which you are fluent _____

____ YES ____ NO Do you have a valid Michigan Drivers License?

DL# _____ Type _____ State of Issue _____

____ YES ____ NO Have you had any moving violations? Please describe _____

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to the City of Romulus.

Have you ever been terminated by an employer? If yes, when, why, and by whom? _____

If you are under 18 years of age, can you furnish a work permit? ____ YES ____ NO

PERSONAL REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		

REFERRAL SOURCE

Advertisement Walk-In
 Friend Employment Agency
 Relative Other _____

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the city and/or its agents, including consumer reporting bureaus, to verify any of this information including but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If city policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature

Date

City of Romulus Release of Information

To Whom It May Concern:

I hereby authorize any representative of the City of Romulus bearing this release to obtain information from your files or other sources pertaining to my personal background including, but not limited to, academic, athletic, achievement, attendance, or personal history, disciplinary action, medical, credit or any other records you may have regarding me. I hereby direct you to release such information upon the request of the bearer. This release is executed with the full knowledge and understanding that this information is for the official use of the City of Romulus. I hereby release you, the institution or establishment which you represent including its officers, employees, and related personnel both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below:

Full Name: _____

Current Address: _____

Social Security Number: _____

Telephone Number: _____

Signature

Date

AFFIRMATIVE ACTION QUESTIONNAIRE

This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required Governmental record keeping or periodic reporting. This information is not part of your employment/selection process. If you choose to provide the information, please complete the following:

Title of job applied for: _____

Date: _____

SEX (Check One)

MALE FEMALE

RACE (Check One)

White –origins in Europe, North Africa, or Middle East

Asian –origins in Far East, S.E. Asia, India, or Pacific Islands, China, Japan, Korea, Philippine Islands, Samoa

Black –origins in Africa

Hispanic –Mexican, Puerto Rican, Cuban, Central or South America

American Indian – origins in North America, to include Alaska

VETERAN/U.S. MILITARY STATUS

(0) Non-Veteran

(1) Pre-Vietnam Veteran

(2) Pre-Vietnam veteran with service incurred disability

(3) Vietnam Era Veteran (8/5/64 – 5/7/75)

(4) Vietnam Era Veteran with service incurred disability

(5) Post Vietnam Veteran

(6) Post Vietnam Veteran with service incurred disability

ACTIVE NATIONAL GUARD OR RESERVIST (Check One)

YES NO

INFORMATION ON THIS PAGE WILL NOT BE KEPT IN YOUR PERSONNEL FILE