

EMPLOYMENT APPLICATION

Recreation Department



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: _____ **SOCIAL SECURITY NUMBER:** _____

NAME: _____
Last First M.I.

ALIAS NAMES USED (for employment verification): _____

PHONE: _____ **WORK PHONE:** _____

EMAIL ADDRESS: _____@_____.COM

DRIVER'S LICENSE #: _____ **STATE:** _____ **ENDORSEMENTS:** _____

DL# for any other state in which you've resided: _____ **State:** _____
_____ **State:** _____

CURRENT ADDRESS: _____
Street City State Zip

PRIOR ADDRESS: _____
Street City State Zip

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

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	GRADUATION YEAR / DEGREE
COLLEGE		
HIGH SCHOOL		
OTHER		

SECURITY

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

____ YES ____ NO Have you ever used any names or Social Security Numbers other than those listed on this application? Please list: _____

____ YES ____ NO Have you ever filed for bankruptcy or had civil claims filed against you? If yes, please explain on a separate sheet of paper.

____ YES ____ NO Have you ever failed a drug or alcohol test administered to you by another employer?

____ YES ____ NO Have you ever been arrested, convicted of a felony and/or been incarcerated? If so, please describe below. Use additional paper if necessary. (In accordance with city policy this information will be reviewed for job relatedness and time since last conviction.)

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

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

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

JOB-RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

List languages in which you are fluent _____

____ YES ____ NO If the job requires, do you have the appropriate valid drivers license?

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

Job Title: _____	Reason for Leaving:
List your responsibilities:	

ACTIVITY EXPERIENCE AND TRAINING:

Place a P in front of activities in which you have participated.

Place a T in front of activities in which you have been trained.

Place a D in front of activities in which you have directed.

SPORTS AND ATHLETICS

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Golf | <input type="checkbox"/> Bowling |
| <input type="checkbox"/> T-Ball | <input type="checkbox"/> Softball | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Newcomb | <input type="checkbox"/> Paddle Tennis |
| <input type="checkbox"/> Track | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Horseshoes |
| <input type="checkbox"/> Kickball | <input type="checkbox"/> Badminton | <input type="checkbox"/> Gymnastics |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Tumbling | |

CRAFTS

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Leather | <input type="checkbox"/> Puppetry | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Clay Modeling | <input type="checkbox"/> Graphics |
| <input type="checkbox"/> Paper | <input type="checkbox"/> Weaving | <input type="checkbox"/> Plastics |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Basketry | <input type="checkbox"/> Drawing |
| <input type="checkbox"/> Ceramics | <input type="checkbox"/> Fabric Painting | <input type="checkbox"/> Christmas Crafts |
| Other: _____ | Other: _____ | Other: _____ |

MUSIC

- Group Singing
- Harmonics
- Rhythm Band
- Band or Orchestra
- Piano

DRAMATIC ACTIVITIES

- Dramatics
- Plays
- Storytelling
- Action Games
- Amateur Shows

GROUPS

- Scouting
- Church Groups
- YMCA or YWCA
- Boys Club
- Jr. Achievement

OUT-DOOR ACTIVITIES

- Swimming
- Hiking
- Day Camping
- Naturelore

CHILDREN'S GAMES

- Circle Games
- Tag/Relay Games
- Jump Rope Games
- Singing Games

DANCING

- Social
- Square
- Folk
- Country/Western

OTHERS: _____

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 City Website
 Friend Employment Agency Indeed
 Relative Other _____ Other Website

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. Furthermore, I agree that any lawsuit against the City of Romulus and/or its agents arising out of my employment application or employment or termination of employment, including, but not limited to claims arising out of State and Federal civil rights statues, must be brought within time limits or forever be barred: (a) for a lawsuit requiring a notice of right to sue from the EEOC, within 90 days after the EEOC issues that notice, or (b) for all other lawsuits within (i) 180 days of the event(s) giving rise to the claim, or (ii) the time limit specified by statues, whichever is shorter. I waive any statute of limitations that exceed these time limits.

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, 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