

PLEASE COMPLETE THIS APPLICATION & RETURN TO THE PERSONNEL DEPARTMENT BY MAIL OR IN PERSON

Application for Employment

(Applicant must type or print legibly in ink)

City of Wayne
Personnel Department
3355 S. Wayne Road
Wayne, Michigan 48184
(734) 722-2206 • www.ci.wayne.mi.us

APPLICATIONS ACCEPTED FOR CURRENT POSTINGS ONLY

EXACT TITLE OF POSITION(S) APPLIED FOR _____

DATE OF APPLICATION _____ **Email** _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
NUMBER STREET CITY STATE ZIP CODE

TELEPHONE NUMBER () _____ SOCIAL SECURITY NUMBER-'-' _____
AREA CODE (DISCLOSURE IS VOLUNTARY PURSUANT TO FEDERAL LAW)

If necessary, best time to call you at home is..... _____

May we contact you at work? () Yes () No

If yes, work number and best time to call (), _____
AREA CODE TIME

Are you at least 18 years of age? () Yes () No

If you are under 18, can you furnish a work permit?..... () Yes () No

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

Have you ever been employed here before?..... If yes, give dates FROM _____ TO _____

Are you legally eligible for employment in this country?..... () Yes () No

(Proof of U.S. citizenship or immigration status will be required upon employment: police & fire applicants must be U.S. Citizens)

Date Available for work.....: _____

Type of employment desired () Full Time () Temporary () Educational Co-op () Volunteer
() Part-Time () Seasonal () Intern () _____

Are there any days or times you would not be available to work? _____

Are you currently on a lay-off and subject to recall?..... () Yes () No

Veteran of the U.S. Military Service () Yes () No If Yes, Branch _____

Dates of Service _____

Have you ever been convicted of any offense(s) while in the Military, National Guard or Military Reserves? _____

Have you ever been convicted of a felony?.....:..... () Yes () No.

If yes, explain _____

Driver's License Number _____ State _____

Commercial Driver's License: () Yes () No If yes, Group _____ Endorsement _____

How did you become aware of this employment }X) Siticm: _____ Expiration Date _____
(PLEASE CHECK ONLY ONE)

- Newspaper Advertisement (Detroit News/Free Press Observer & Eccentric Michigan Chronicle)
- City of Wayne's Web Site Local Cable
- Other Web Site (e.g., Monster.com) Recruited by Current City of Wayne Employee
- Other _____

The City of Wayne does not discriminate against any individual or group because of race, sex, national origin, color; marital status, handicap, disability, height, or weight in employment or the provision of services.

APPLICATION MUST BE COMPLETED IN ITS ENTIRETY BY APPLICANT
THE CITY OF WAYNE RESERVES THE RIGHT TO REJECT INCOMPLETE APPLICATIONS

Employment History

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DO NOT INCLUDE ANY EXTRANEOUS INFORMATION (BIRTH CERTIFICATE, LICENSE, ETC.)

List your last three (3) employers, assignments or volunteer activities, starting with the most recent including military experience. Explain any gaps in employment in comments section below. (If this doesn't cover the last 3 years, please list on a separate sheet).

NAME OF EMPLOYER	TELEPHONE(DATES EMPLOYED FROM	TO	Summarize the nature of the work performed and job responsibilities
ADDRESS				
JOB TITLE	<u>HOURLY RATE/ SALARY</u>			
		STAIUING		
IMMEDIATE SUPERVISOR AND TITLE	\$	PER		
REASON FOR LEAVING	<u>HOURLY RATE/ SALARY</u>			
		FINAL		
MAY WE CONTACT FOR REFERENCE? () YES () NO () LATER	\$	PER		
NAME OF EMPLOYER	TELEPHONE(DATES EMPLOYED FROM	TO	Summarize the nature of the work performed and job responsibilities
ADDRESS				
JOB TITLE	<u>HOURLY RATE/ SALARY</u>			
		STAIUING		
IMMEDIATE SUPERVISOR AND TITLE	\$	PER		
REASON FOR LEAVING	<u>HOURLY RATE/ SALARY</u>			
		FINAL		
MAY WE CONTACT FOR REFERENCE? () YES () NO () LATER	\$	PER		
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		STAIUING		
IMMEDIATE SUPERVISOR AND TITLE	\$	PER		
REASON FOR LEAVING	<u>HOURLY RATE/ SALARY</u>			
		FINAL		
MAY WE CONTACT FOR REFERENCE? () YES () NO () LATER	\$	PER		

Comments (including explanation of any gaps in employment)

SKILLS AND QUALIFICATIONS Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for this position such as licenses, certifications, etc. (Exclude information which would reveal sex, race, religion, national origin, age, handicap, or other protected status.)

Educational Background

APPLICATION MUST BE COMPLETED IN ITS ENTIRETY BY APPLICANT
DO NOT INCLUDE ANY EXTRANEOUS INFORMATION (BIRTH CERTIFICATE, LICENSE, ETC.)

A. List last three (3) schools attended, *starting with last one*. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or class rank and E. Major and minor field of study (if applicable).

A. SCHOOL	B. NO. YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	E. MINOR

List any foreign language(s) and check the box that best describes your skill level.

LANGUAGE	READ AND WRITE	READ AND SPEAK	READ ONLY	SPEAK ONLY

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN

List professional, trade, business or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, handicap, or other protected status.)

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, handicap, or other protected status.)

FOR POLICE and FIREFIGHTER POSITIONS. Please check all that apply.

Police Officer Requirements:

- I am a certified Police Officer in the State of Michigan
- I am currently enrolled in & attending a Police Academy
- I have completed MCOLES Reading & Writing Exam
Expiration Date _____
- I have completed MCOLES Physical Agility Test
Expiration Date _____

Firefighter Requirements:

- I am certified through the State of Michigan as a Firefighter II
- I possess a current, valid paramedic license
- I am certified in Advanced Cardiac Life Support (ACLS)
- I have completed the CWW Written Exam
Expiration Date _____
- I have completed the CWW Physical Agility Testing
Expiration Date _____

Additional Information: _____

AUTHORIZATION SIGNATURE & UNDERSTANDING

(read carefully before signing, initial each paragraph, and sign below)

INITIALS • I certify that the answers and information given by me in this application are true, correct and complete without qualification. I understand that the City has the right to refuse to hire or immediately discharge me, at any time, if it discovers that I have provided incomplete, untrue, or misleading answers or information in this application or on any other documents or forms submitted at any time during my employment.

INITIALS • I hereby authorize the City to verify the answers and information given by me in this application and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions, and any other third party contacted by the City to release to the City any information they have regarding me without providing written notice to me.

INITIALS • I understand that no personnel recruiter, interviewer or other representative of the City has any authority to enter into any agreement for employment for any specified time or agree to any wage schedule without the approval of the Personnel Director.

INITIALS • I agree not to commence any action or claim relating to my employment with the City or this application for employment more than six months after termination of such employment or the date of this application, and to waive any statute of limitations to the contrary.

INITIALS • I understand that under Michigan law, I must notify the City of Wayne Personnel Department in writing of a need for an accommodation of a handicap within 182 days of the date I know or should have known that an accommodation is needed. Failure to properly notify the City may preclude any claim that the City failed to accommodate me.

INITIALS • 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, 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 non-statutory 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 such costs incurred by the City in defense of said claims or actions, including attorney fees.

INITIALS • I agree that either party may terminate the employment relationship, with or without cause, at any time, and further agree that this arrangement may only be altered in writing directed to me personally and signed by the City Manager or Designee. I agree that I shall be bound by the rules, regulations, policies, procedures, and other 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 or his/her designated representatives.

INITIALS • I further agree that my employment is conditional until such time as the results of my post 'offer physical and/or psychological examination (if such examination is required) are known. I understand that I must complete the physical within forty-eight hours of accepting the position or the job offer may be rescinded at the City's discretion.

I HEREBY CERTIFY THAT I AM NOT CURRENTLY ENGAGED IN THE ILLEGAL USE OF DRUGS. I understand that as a condition of employment, I may be required to take a pre-employment drug test for the illegal use of drugs which may include the collection of urine samples from my person. I agree that the results of this test may be submitted to the City of Wayne, or its authorized representative, and I expressly release the collection agency and the testing laboratory from any and all liability for performing the requested test, and for communicating the results to the City. I understand that if the results of any pre-employment drug test are positive, it will be cause for rejection of my application or, if I am hired, that my employment with the City may be immediately terminated.

Applicant's Signature _____

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EQUAL EMPLOYMENT OPPORTUNITY DATA

In accordance with FEDERAL EQUAL OPPORTUNITY GUIDELINES, the City of Wayne is required to maintain statistical data pertaining to the sex and race of job applicants. The information obtained from this form is used for statistical purposes only and does not become part of your application for employment. Please assist us in obtaining this required data by checking the appropriate boxes below. This is strictly voluntary; if you choose not to participate, just check "Not Participating." Thank you for your cooperation.

Date:

Position Applying **For:** -----
 (Please include even if not participating in survey)

<u>Sex</u>	<u>Ethnic Group</u> (Please check only one)	<u>Race</u> (Please check only one)
Female ___	African-American _____	Black _____
Male _____	Native-American _____	Native-American _____
	Arab-American _____	Asian _____
	Pacific Islander/ Oriental _____	Hispanic _____
	Hispanic _____	Caucasian _____
	European _____	Other _____
	Other _____	

No, thank you, I'm not participating in this survey. _____