

# City of Saline

100 N. Harris Street  
Saline, Michigan 48176

## APPLICATION FOR EMPLOYMENT

(Will remain on file for six months)

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(Please Print)

Date of Application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

NOTE: Police Department applicants will be required to fill out background information and medical history in addition to this application.

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip Code

Telephone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone Number (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Driver's License Number \_\_\_\_\_ E-mail \_\_\_\_\_

If employed and 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?  Yes  No If yes, give date

Are you employed now?  Yes  No May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No (Proof of citizenship or immigration status required upon employment.)

On what date are you available for work?

Are you available to work  Full Time  Part Time  Shift Work  Temporary

Are you on lay-off and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate what foreign languages you speak, read, and/or write:

	Fluently	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held.

(Exclude those which indicate race, color, religion, sex or national origin):

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Give name, address and telephone number of three references who are not related to you and are not previous employers.

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### Education

	Elementary School	High School	College/University	Graduate/Professional
School Name				
Circle Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Courses of Study				
Describe Specialized Training, Certifications, Apprenticeship, Skills, and Extra-Curricular Activities				
Honors Received				

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

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Describe the work you did:								
Telephone								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Describe the work you did:								
Telephone								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Describe the work you did:								
Telephone								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Describe the work you did:								
Telephone								

I hereby give permission to contact the employers listed above concerning any information you deem relevant.  
Signed \_\_\_\_\_

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s).  
State any additional information you feel may be helpful to us in considering your application.

\_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### Agreement

"I agree and understand that any employment offer is conditional upon the results of the pre-employment medical examination."

Michigan law requires 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. This does not waive your rights under the Americans with Disabilities Act of 1990, as amended.

I hereby certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any reason, without notice, by the employee or the employer.

Date \_\_\_\_\_ Signature \_\_\_\_\_

### WAIVER OF NOTICE

The undersigned, in connection with his/her written and signed employment application made with the City of Saline, a Michigan Municipal Corporation, on this date hereby waives any rights which he/she may presently have or may have in the future to receive written notice of release of disciplinary information from all prior employers listed in said application as provided by Section 6, Act. No. 397, P.A. 1978.

Date \_\_\_\_\_ Signature \_\_\_\_\_

For Personnel Department Use only			
Arrange Interview?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Interviewer _____ Date _____
Remarks			

