### **CITY OF INKSTER**

# 26215 TROWBRIDGE ROAD INKSTER, MICHIGAN 48141

### AN EQUAL OPPORTUNITY EMPLOYER

## APPLICATION FOR EXAMINATION AND/OR APPOINTMENT TO THE POSITION OF

| (PLEASE PRINT IN I  | NK OR TYPE)      |         |         |                       |
|---|------------------|---------|---------|-----------------------|
| PERSONAL  | DATA             |         |         |                       |
| 1. NAMELAST   | FIRST            |         | MIDDLE  | NAME                  |
| 2. ADDRESSNUMBER STREET   | CITY             | STATE   | , 2     | ZIP CODE              |
| 3. TELEPONE NO 4. SO  | OCIAL SECU       | RITY NO |         |                       |
| 5. EMERGENCY CONTACTNAME  |                  |         | RELATIO | ONSHIP                |
| ADDRESS EDUCATION   | N DATA           |         | PHONE   |                       |
| 1 2 3 4 5 6 7 8 9 10 11 12 DID YOU GRADUATE? Yes No (c) GED CERTIFICATE? Yes No (d) NAME AND LOCATION OF COLLEGE, N | NAME<br>LOCATION |         | MAJOR/  | GRADUATE<br>YES OR NO |
| (e) This space is provided for detailed education Typing WPMShorthand Other:  | WPM              |         |         | cable.                |

| •  | ever been certified or a licensed member of any trade or cian, mechanic, radio operator, etc.)? YES NO   |
|--|--|
|  | ication or license, state, and period  |
|  | WORK EXPERIENCE  |
| service) and every period of your most recent job and we | v, indicate every employment (including periods of military f unemployment since you first began to work. Start with ork backwards to the first job you ever held. Request work eet, if necessary. For periods of unemployment use extra cation. |
| EMPLOYER AND LOCATION                                    | POSITION TITLE FROM FULL M D YR TIME   |
|  | NAME OF SUPERVISOR TO PART M D YR TIME   |
|  | NO. YOU SUPERVISED   |
|  | ES:  |
| FINAL SALARY:<br>REASON FOR LEAVING:                     |  |
| EMPLOYER AND LOCATION                                    | POSITION TITLE FROM FULL M D YR TIME   |
|  | NAME OF SUPERVISOR TOPART M D YR TIME  |
|  | NO. YOU SUPERVISED   |
| DESCRIPTION OF YOUR DUTIE                                | ES:  |
|  |  |
| FINAL SALARY:<br>REASON FOR LEAVING                      |  |

| EMPLOYER AND LOCATION                    | POSITION TITLE FRO           | OMFULL M D YR TIME |
|--|------------------------------|--------------------|
|  | NAME OF SUPERVISOR           |                    |
|  | NO. YOU SUPERVISED           | _                  |
| DESCRIPTION OF YOUR DUTIE                |                              |                    |
| FINAL SALARY:REASON FOR LEAVING          |                              |                    |
|  | GENERAL DATA                 |                    |
| 9. Have you filed an application he DATE | ere before?YES               | NO                 |
| 10. Have you ever been employed          | with the city before?        | YESNO              |
| 11. Are you a citizen of the United      | States?YES                   | _NO                |
| If not, do you possess an Alien          | Registration Card?YE         | ESNO               |
| If yes, give Alien Registration Number   |                              |                    |
| 12. Are you available to work:Summer     | Full TimePart Time           | eTemporary         |
| 13. Are you on lay-off and subject       | to recall?YESNo              | 0                  |
| 14.Are you licensed in the State of      | Michigan to operate a motor  | vehicle?NO.        |
| If Yes, give license no                  |                              |                    |
| 15.Do you have relatives who work        | with the city?YES _          | NO                 |
| If yes, list name(s)                     |                              |                    |
| *16.Are there any felony charges c       | urrently pending against you | ?YESNO             |

| NO  | 'guilty" or "no contest" or been convicted of a crime?YES   |
|---|---|
| If yes, explain when,                                 | where, and nature of offense.   |
|   |   |
| Factors such as date of of                            | questions does not constitute an automatic ban to employment.  Ifense, seriousness and nature of the violation, rehabilitation and be considered. If you need additional space, use a separate sheet of |
| 18.Have you ever been didischarge?YES                 | ischarged, asked to resign or resigned in lieu of discipline orNO   |
| 19.Are you a veteran of the your Branch of Military S | he U.S. Military Service?YESNO. If yes, what was Service?   |
| 20.Have you read the pos                              | sition description?YESNO  |
| · ·   | essential functions of the position applied for with or without on?YESNO.   |
| 22.For reference checks a different name. If so, indi | and work history purposes, have you worked for a company under a icate:   |
| (INDICATE ITEM)                                       | TAILED ANSWERS TO OTHER QUESTIONS NUMBERS TO WHICH ANSWERS APPLY). EXPLANATIONS   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |

23.Use the space below to enter any information which you feel would be useful as an aid in determining your suitability for the position for which application is being made. You may wish to include volunteer or other uncompensated work experience, informal training, self-study, hobbies, or work experience not shown elsewhere on this application.

24.A civil service test may be required for classified positions.

#### PLEASE READ AND SIGN BELOW

I certify the facts set forth in this Application of Employment, in my resume, and in any other materials I have submitted are true and complete. I understand that the submission of any false information in connection with my application for employment will result in immediate discharge at any time thereafter, should I be employed by the City of Inkster (hereinafter "the City").

I hereby authorize the City to contact all my former and current employers, educational institutions, military entities, and the other references I have provided regarding me and my performance record and work, academic and/or military experience I also hereby release the City and its employees, Council Members, officers, and agents, and all of my former and current employers, educational institutions, military entities, and the other references I have provided, from any and all liability and damages for releasing or using information concerning me and my performance record and work, academic and/or military experience. I also hereby waive any right under the Bullard-Plawecki Right to Know Act, 1978 PA 397, to receive written notice from the City or any former or current employer, that disciplinary reports, letters or reprimand, or other disciplinary actions taken against me while employed, will be or have been disclosed to a third person or entity.

I also understand that the City may, in its sole discretion, conduct or have conducted by an individual or entity of its choice, a conviction-only criminal background history search on me. I hereby consent to this search being conducted and to the disclosure of the result of that search by the individual or entity conducting the search to the City. I further hereby release the individual or entity conducting the search, the City, and its employees, Council Members, officers, and agents, from any and all liability, claims and damages, including but not limited

to, claims for releasing or using any information revealed as a result of this search. I also understand and acknowledge that false information provided by me or criminal convictions will result in disqualification from employment with the City or in dismissal from employment if an offer of employment has been made and accepted.

Subsequent to an offer of employment being made, I agree to undergo the necessary medical examination conducted by a physician or other professional of the City's choice and understand that such offer of employment is conditioned upon the results of this examination.

If I am employed, I understand that additional personal data may be required for determination of benefit eligibility and for statistical purposes.

I will abide by all policies, rules and regulations of the City.

| Signature of Applicant | Date |
|------------------------|------|

#### Only completed applications will be considered

## APPLICANT DO NOT WRITE BELOW – FOR PERSONNEL DEPARTMENT USE ONLY

| DATE APPLICATION FILED       |         |      |
|------------------------------|---------|------|
| NOTICE OF EXAMINATION        |         | -    |
|                              |         |      |
| NAME OF EXAMINATION          |         | -    |
| DATE OF EXAMINATION          |         | -    |
| SCORE                        |         | -    |
| NOTIFICATION OF STANDING     |         | -    |
| COMMENTS:                    |         |      |
|                              |         |      |
| PERSONNEL DEPT. OFFICIAL SIG | GNATURE | DATE |