



CITY OF HARPER WOODS, MICHIGAN

SUPPLEMENT TO EMPLOYMENT APPLICATION

APPLICANT DATA RECORD

THE CITY OF HARPER WOODS IS AN EQUAL OPPORTUNITY EMPLOYER AND QUALIFIED APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, HANDICAP, MARITAL STATUS OR VETERAN STATUS.

THE FOLLOWING APPLICANT INFORMATION IS REQUESTED FOR THE PURPOSE OF PREPARING PERIODIC REPORTS TO THE FEDERAL GOVERNMENT OR OTHER RECORD KEEPING IN COMPLIANCE WITH FEDERAL REQUIREMENTS. TO ASSIST US IN THESE COMPLIANCE REQUIREMENTS, PLEASE COMPLETE THIS APPLICANT DATA RECORD. THIS SUPPLEMENT TO THE EMPLOYMENT APPLICATION WILL NOT BECOME A PART OF YOUR APPLICANT FILE. IT WILL BE MAINTAINED SEPARATELY IN A CONFIDENTIAL FILE. AND WILL NOT BE MADE AVAILABLE TO ANYONE MAKING THE DECISION OF WHETHER OR NOT TO HIRE YOU.

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

CURRENT ADDRESS \_\_\_\_\_ POSITION APPLIED FOR \_\_\_\_\_  
(NO.) (STREET) (APT.)  
\_\_\_\_\_  
(CITY) (STATE) (ZIP)

SEX  MALE  FEMALE

RACE/ETHNIC GROUP (CHECK ONE)  WHITE  BLACK  ASIAN/PACIFIC ISLANDER  
 AMERICAN INDIAN/ALASKAN NATIVE  HISPANIC

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE

VIETNAM ERA VETERAN  DISABLED VETERAN  HANDICAPPED

HOW DID YOU LEARN ABOUT THIS JOB?

- WALK IN OR TELEPHONE INQUIRY (NOT APPLYING FOR ANY SPECIFIC JOB)  
 DETROIT FREE PRESS ADVERTISEMENT  MICHIGAN CHRONICLE ADVERTISEMENT  
 MICHIGAN EMPLOYMENT SECURITY COMMISSION  CITY POSTING OF VACANCY ANNOUNCEMENT/CITY PAMPHLET  
 OTHER (PLEASE SPECIFY) \_\_\_\_\_



**CITY OF HARPER WOODS, MICHIGAN**  
AN EQUAL OPPORTUNITY EMPLOYER

**EMPLOYMENT APPLICATION**

**INSTRUCTIONS:**

PLEASE FURNISH COMPLETE AND ACCURATE INFORMATION. APPLICATIONS WILL BE VERIFIED. INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE CONSIDERED. **BE SURE TO SIGN THE APPLICATION AFTER READING THE STATEMENT AT THE END OF THIS APPLICATION FORM.** IN ADDITION TO COMPLETING THIS FORM, YOU MAY ATTACH A RESUME DETAILING YOUR PROFESSIONAL AND EDUCATIONAL BACKGROUND.

POSITION APPLIED FOR: \_\_\_\_\_ APPLICATION DATE: \_\_\_\_\_

MINIMUM SALARY ACCEPTABLE: \_\_\_\_\_ DATE AVAILABLE FOR WORK: \_\_\_\_\_

\_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

NAME (Last, First, Middle Initial)

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_

PHONE NUMBER: \_\_\_\_/\_\_\_\_-\_\_\_\_ MOBILE NUMBER: \_\_\_\_/\_\_\_\_-\_\_\_\_

PRIOR ADDRESSES (Last 5 Years): \_\_\_\_\_

**EMPLOYMENT DESIRED:**

\_\_\_\_\_ FULL TIME WORK \_\_\_\_\_ PART TIME WORK \_\_\_\_\_ TEMPORARY \_\_\_\_\_ SEASONAL

ARE YOU 18 YEARS OF AGE OR OLDER? \_\_\_\_ Yes \_\_\_\_ No

DO YOU HAVE ANY RELATIVES NOW OR PREVIOUSLY EMPLOYED BY THE CITY OF HARPER WOODS?

\_\_\_\_ Yes \_\_\_\_ No Name: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_\_ Yes \_\_\_\_ No

(A positive response to this question does not automatically disqualify you from consideration)

IF YES, WHEN, WHERE, AND NATURE OF OFFENSE: \_\_\_\_\_

ARE THERE ANY FELONY CHARGES PENDING AGAINST YOU? \_\_\_\_ Yes \_\_\_\_ No

IF YES, WHEN, WHERE, AND NATURE OF OFFENSE: \_\_\_\_\_

ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES? \_\_\_\_ YES \_\_\_\_ NO if "NO", indicate when you expect to be able to legally work in the United States. \_\_\_\_\_

CAN YOU PERFORM THE DUTIES OF THE JOB IN WHICH YOU WISH TO BE EMPLOYED WITH OR WITHOUT ACCOMMODATION        YES        NO. IF ACCOMMODATION IS REQUESTED, HOW WOULD YOU PERFORM THE TASKS AND WITH WHAT ACCOMMODATION? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATIONAL BACKGROUND**

<b><u>SCHOOL</u></b>	<b><u>NAME/LOCATION</u></b>	<b><u>COURSE OF STUDY</u></b>	<b><u>DID YOU GRADUATE</u></b> <b><u>Yes/No</u></b>	<b><u>HIGHEST GRADE, DEGREE OR DIPLOMA</u></b>
HIGH SCHOOL				
G.E.D.				
VOCATIONAL				
COLLEGE/UNIVERSITY				
OTHER				

**PROFESSIONAL LICENSES/CERTIFICATIONS/CREDENTIALS**

Summarize special skills and qualifications acquired from school, employment or other experiences that may qualify you to work for our City. Include any professional licenses or certifications you hold.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DRIVER LICENSE NUMBER: \_\_\_\_\_ EXP. DATE \_\_\_\_\_

STATE ISSUED: \_\_\_\_\_ TYPE: \_\_\_\_\_

**COMPUTER KNOWLEDGE:**

SYSTEMS: \_\_\_\_\_

SOFTWARE PROFICIENCY: \_\_\_\_\_

**MILITARY SERVICE:**

BRANCH: \_\_\_\_\_ DATES: \_\_\_\_\_

FINAL RANK: \_\_\_\_\_ TYPE OF DISCHARGE: \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Please list periods of employment in sequence beginning with your current or most recent position. List every promotion as a new job. Attach extra pages if necessary. Describe your job duties in detail to enable the reviewer to correctly evaluate your qualifications. List the primary tasks and responsibilities performed in each position held. *Please include all requested information, even if a résumé is attached.*

EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

SUPERVISOR/TITLE: \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

SALARY RECEIVED: START \_\_\_\_\_ FINAL \_\_\_\_\_ FULL OR PART TIME \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

WORK PERFORMED: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

SUPERVISOR/TITLE: \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

SALARY RECEIVED: START \_\_\_\_\_ FINAL \_\_\_\_\_ FULL OR PART TIME \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

WORK PERFORMED: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

SUPERVISOR/TITLE: \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

SALARY RECEIVED: START \_\_\_\_\_ FINAL \_\_\_\_\_ FULL OR PART TIME \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

WORK PERFORMED: \_\_\_\_\_

Have you ever worked for a company under a different name?  Yes  No

If Yes, what was the name? \_\_\_\_\_

Have you ever been discharged from any employment?  Yes  No

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

**PERSONAL REFERENCES**

List name, address, and telephone number of three persons who are familiar with your qualifications and characteristics. Do not include employers or relatives.

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

**CERTIFICATION/SIGNATURE**

**IMPORTANT - READ THE FOLLOWING CAREFULLY BEFORE SIGNING:**

1. I certify that all information contained in this application and any attachments hereto is true, complete and accurate i understand that any misrepresentations or furnishing of false or misleading information will result in rejection from any further consideration for employment or, if employed, be grounds for dismissal from employment.

2. I understand that any offer of employment is conditional upon the results of a physical examination, and psychological examination where applicable, by a physician and psychologist selected by the city.

3. I authorize the city of Harper Woods to verify and investigate all information provided in this application and further authorize those persons and organizations named therein to release information regarding me, that they may fully respond to all inquiries concerning me and specifically i waive prior written notice of disclosure of my personal record information, including any disciplinary reports, letters of reprimand or other disciplinary action. I also authorize educational institutions to release information relative to claimed degrees and achievements. In consideration of the acceptance of my application for employment by the city of Harper Woods. I hereby release the city, current and past employers, educational institutions, health care professionals and institutions and any other parties named herein from any and all claimed liability arising out of any such responses and disclosures.

4. I hereby acknowledge that this application is for employment of indefinite duration terminable at will at any time for any reason by myself or by the city, except as otherwise provided by the terms of a collective bargaining agreement, if any, applicable to me. Further, i understand that no supervisor, employee or any other individual or group of individuals has the authority to make any agreement oral, written or implied or any other representation contrary to this.

5. I hereby acknowledge that, in accordance with the Michigan Internet Privacy Act, the City may view information about me on social media and elsewhere online as part of its background investigation, but only if the information is available in the public domain or can be obtained without "required access information" such as usernames, passwords, or security questions.

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

Print Name: \_\_\_\_\_