Print Form

APPLICATION FOR EMPLOYMENT

City of Hamtramck
Human Resources
3401 Evaline
Hamtramck, MI 48212
(313)876-7700

Applicants are considered for all positions without regard to race, creed, sex, religion, national origin, age, height, weight, marital status, Veteran status, or disability. Any job offer is contingent on successful completion of any required medical, psychological, and substance abuse examination.

INSTRUCTIONS: Please complete all sections of this application as much as possible. You must provide documentation verifying required education or licensing requirements at time of application. Applicants are responsible for informing the Human Resources Director of any change to names, address, or phone numbers. All information must be provided on this application form. Resumes will not be accepted. Make additional copies of pertinent pages of this application if required and attach to the packet.

STATE EXACT TITLE OF POSITION FROM THE JOB ANNOUNCEMENT	DATE

LAST NAME	FIRST NAME	MIDDLE INITIAL

ADDRESS	CITY	STATE	ZIP CODE

HOME PHONE	BUSINESS PHONE	SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER	CLASS/TYPE

ISSUED BY THE STATE OF	EXPIRATION DATE

DATES OF U.S. MILITARY SERVICE	BRANCH OF SERVICE	TYPE OF DISCHARGE	If you are claiming preference as a veteran or disabled veteran, you must attach a copy of your discharge documents and your V.A. disability letter and claim number.

CHECK THE BOX FOR EACH QUESTION	YES	NO	CHECK THE BOX FOR EACH QUESTION	YES	NO
Are you a United States Citizen?	☐	☐	If not, are you legally authorized to work in the United States?	☐	☐
Have you ever been convicted of a crime other than a minor traffic violation? If so, when and what was the nature of the crime? An affirmative answer does not automatically disqualify you.			Are there any felony charges currently pending against you?	☐	☐

Have you ever been discharged or asked to resign from a position? If yes, explain fully. An affirmative answer does not automatically disqualify you from employment.	Have you ever been employed by the City of Hamtramck? If yes, when? What was your title?

EDUCATION	NAME & LOCATION	YEARS COMPLETED	MAJOR SUBJECT	DEGREE/CERTIFICATE RECEIVED
HIGH SCHOOL				
COLLEGE				
COLLEGE				
GRADUATE				
VOCATIONAL TRAINING				

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

Are you fluent in any language other than English? Do you have basic knowledge of any other language? Please explain.

List any licenses, registrations, or certificates you possess. List memberships in professional organizations and positions held.

EMPLOYMENT EXPERIENCE

Describe below all the positions you have held, starting with your present position and working back. If you have never been employed or are presently unemployed, indicate this fact in the space provided for "Reason for Leaving." Do not attach additional sheets; rather, make blank copies of this sheet if necessary.

Employer_____ Telephone (___) _____

Address_____ Dates of Employment_____

Job Title_____ Reason for Leaving _____

Name & Title of Supervisor_____

May we contact this present employer listed above for a reference? (circ Yes or No

Employer_____ Telephone (___) _____

Address_____ Dates of Employment_____

Job Title_____ Reason for Leaving _____

Name & Title of Supervisor_____

Employer_____ Telephone (___) _____

Address_____ Dates of Employment_____

Job Title_____ Reason for Leaving _____

Name & Title of Supervisor_____

REFERENCES

Please list at least three responsible adults who have knowledge of your work ethic, experience, and ability. Do not include relatives. Be sure to indicate area code with the telephone number.

NAME & ADDRESS	RELATIONSHIP TO APPLICANT	BUSINESS AND/OR HOME PHONE (SPECIFY)

Where did you learn about this position? Please Specify._____

Occasionally, the form of an application blank makes it difficult for an individual to adequately summarize his complete background. To assist us in finding the proper position for you, use the space below to summarize any additional information necessary to describe your full qualifications.

Person to contact in the event of an emergency:_____ Phone (___)_____

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment would be based only on your merit and no other consideration. Please be advised that completing an application does not imply that you will be interviewed or hired, only that you will be given full consideration for a vacancy.

APPLICANT'S CERTIFICATION

Please read carefully before signing.

I certify that all information contained in this application is true and complete to the best of my knowledge. I agree and understand that any misstatement or falsification of material facts will result in my forfeiting any rights to consideration for employment with the City of Hamtramck or being considered for employment with the City of Hamtramck any time during the next five years, or if employed, being subject to immediate discharge.

I authorize the City of Hamtramck to verify any of the information reported on this application with the listed schools, references, or previous employers.

If hired, I will serve at the will of the employer and I agree that I shall be bound by the rules, policies, regulations, and terms and conditions of employment of the City of Hamtramck as they are from time-to-time changed with or without notice to me. I agree that the City may terminate the employment relationship, with or without cause.

I agree that any lawsuit against the City of Hamtramck 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 one year of the event giving rise to the claims or forever barred. I waive any limitation periods to the contrary.

I further agree that any offer of employment, or my employment, is conditional until such time as favorable results of my pre-employment examinations are known

Signature_____ Date_____

Printed Name_____