

**To the Applicant:** We appreciate your interest in the City of Center Line and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position, which, in our judgment, best meets your qualifications. We are an equal opportunity employer and shall consider qualified applicants for all positions without regard to race, color, disability, sex, religion, national origin, age, marital or veteran status and any other prohibited basis.

PERSONAL

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

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you 18 years or older? Yes \_\_\_ No \_\_\_

Are you authorized to work in the United States? Yes \_\_\_ No \_\_\_

Have you been previously employed here? Yes \_\_\_ No \_\_\_ If yes, date(s) \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Have you filed an application before? Yes \_\_\_ No \_\_\_ If yes, date(s) \_\_\_\_\_

List any friends or relatives working here: \_\_\_\_\_

EMPLOYMENT DESIRED

Position(s) applied for \_\_\_\_\_

Kind of work sought: Full Time \_\_\_ Part Time \_\_\_ Other \_\_\_\_\_

If part-time, please specify hours and days desired \_\_\_\_\_

Salary Desired \_\_\_\_\_ Date available to work \_\_\_\_\_

MILITARY SERVICE RECORD

Have you had any experience in the armed Forces of the United States or in a State National Guard?

Yes \_\_\_ No \_\_\_

If yes, what branch? \_\_\_\_\_ Rank at discharge \_\_\_\_\_ Date of discharge \_\_\_\_\_

Are you in the reserves? Yes \_\_\_ No \_\_\_ If yes, date obligation ends \_\_\_\_\_

Special/technical training \_\_\_\_\_

EMPLOYMENT EXPERIENCE (List current or most recent job first)

Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
Supervisor	From	To	
Reason for Leaving			
Employer	Dates		Work Performed
Address	From	To	
Job Title	Hourly Rate/Salary		

Supervisor	From	To	
Reason for Leaving			
Employer	Dates		Work Performed
Address	From	To	
Job Title	Hourly Rate/Salary		
Supervisor	From	To	
Reason for Leaving			
Employer	Dates		Work Performed
Address	From	To	
Job Title	Hourly Rate/Salary		
Supervisor	From	To	
Reason for Leaving			

**EDUCATION**

	Name/Location	Years	Diploma	Courses of Study
Elementary				
High School				
College				
Graduate				
Vocation/Training				

Other educational training: \_\_\_\_\_

**REFERENCES** (Do not include relatives or former employers)

	Name	Address	Phone Number	Years Acquainted
1				
2				
3				

**CRIMINAL RECORD**

Have you ever been convicted of or have pleaded "no contest," "nolo contendere," or "guilty" to a crime (a felony or a misdemeanor) that has not been judicially ordered sealed or expunged or statutorily eradicated? You may exclude minor traffic offenses, such as, for example, traffic tickets.

Yes  No

If yes, state: when, where, nature of offense, location of court, and sentence: \_\_\_\_\_

A conviction will not automatically bar you from employment. Each conviction will be evaluated on its own merits with respect to the offense, the date of the conviction, and the sentence imposed. All circumstances will be considered, including your age at the time of the offense, the date of the offense, the seriousness of the offense, and the job for which you are applying.

Are there any felony charges currently pending against you? Yes  No

If yes, state: where, nature of pending charges, and location of court.

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## LICENSES AND CERTIFICATIONS

Applicants should complete this section concerning driver's licenses only if driving is a job duty of the position for which the applicant has applied.

Do you have a valid driver's license? Yes  No  License Number: \_\_\_\_\_

State: \_\_\_\_\_

Do you have any other licenses or certifications that are related to the position for which you have applied? Yes  No

If yes, list certificates and licenses \_\_\_\_\_

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## PROFESSIONAL ORGANIZATIONS

List professional, trade, business or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex, national origin, handicap, marital or veterans status

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State any additional information that you feel may be helpful to us in considering your application

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## AUTHORIZATION AND UNDERSTANDING:

I understand that this Application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still would like to be considered for employment, it will be necessary for me to reapply and fill out a new Application.

### Release of Prior Personnel Records

I give you my permission to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, organizations, or governmental agencies. I give these individuals, organizations, or governmental agencies my permission to release any information that you need, including my previous disciplinary record, without requiring them to contact me or give me written notice before revealing the information to you. By signing this application, I release you and them from any liability whatsoever arising out of any information request or disclosure.

### At-Will Employment Status

I AGREE THAT EITHER PARTY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP, WITH OR WITHOUT CAUSE, AT ANY TIME, FOR ANY REASON, AND I FURTHER AGREE THAT THIS ARRANGEMENT MAY ONLY BE CHANGED BY THE CITY COUNCIL AT A REGULAR SCHEDULED COUNCIL MEETING OR, IF MY EMPLOYMENT IS SUBJECT TO A COLLECTIVE BARGAINING AGREEMENT WHICH DOES NOT PROVIDE FOR AT-WILL EMPLOYMENT. I agree that I shall be bound by the other rules, policies, regulations, and terms and conditions of employment of the City as they are from time to time changed and that no additional obligations can be imposed by me on the City except those which have been acknowledged, in writing, by the City Manager. I further agree that my employment is conditional upon satisfactory completion of documentation as required by the Immigration Reform and control Act of 1986 and until such time as the results of my pre-employment physical (if such physical is required) are known.

### Disability Accommodation Request

I understand that Michigan law requires employers to make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. I further understand disabled employees and applicants may request an accommodation of their disability by notifying the City in writing of the need for accommodation within 182 days of the date the disabled person knows or should know that an accommodation is needed. Failure to properly notify the City will preclude any claim that the City failed to accommodate the disabled person. There is no such requirement under federal law.

### Accuracy of Statements

By signing this application, I agree that all of the information now or later given by me in support of my application for employment is true and complete. I agree that any false information in support of my application may subject me to discharge at any time during my employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date