

City of Saline

100 N. Harris Street
Saline, Michigan 48176

APPLICATION FOR EMPLOYMENT

(Will remain on file for six months)

This organization provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, sex, color, religion, gender, gender identity, sexual orientation, national origin, age, disability, genetic information, marital status, height, weight, status as a covered veteran in accordance with applicable federal, state and local laws or any other characteristic covered by federal, state or local law.

(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

Phone Number _____ E-mail _____

Valid Drivers License: Yes No

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: _____

How did you hear about this position (online job board, social media, other)? Please be specific.

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

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

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

Education

	High School	College/University	Graduate/Professional
School Name			
Circle or Check Years Completed	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.

Agreement

City of Saline is an equal opportunity employer. City of Saline does not discriminate in employment on the basis of race, color, religion, gender, gender identity, national origin, age, disability, genetic information, marital status, height, weight, status as a covered veteran in accordance with applicable federal, state and local laws or any other characteristic covered by federal, state, or local law.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for City of Saline to hire me. If I am hired, I agree that my employment is "at will" and I understand that either City of Saline or I can terminate my employment at any time and for any reason, with or without cause and without prior notice.

I acknowledge that any offer of employment may be contingent on the results of a background check satisfactory to City of Saline. I attest with my signature below, that I have given City of Saline true and complete information on this application. No requested information has been concealed. I authorize City of Saline to contact references provided and to verify all listed employment. If any information provided is untrue, or I have concealed material information, I understand this will constitute cause for denial of employment or immediate dismissal.

Michigan law requires employers to make reasonable accommodations to qualified handicapped applicants and employees where the employee makes their need known to the employer, requests accommodation and such accommodation does not impose an undue hardship on the employer. With respect to State of Michigan Persons with Disability claims, persons with disabilities and applicants must request an accommodation of their handicap by notifying the employer in writing of the need for accommodation within 182 days of the date the person with the disability knows or reasonably should know that an accommodation is needed. Failure to notify in advance will preclude any claim that the employer failed to accommodate the person with a disability under state law; however, this does not waive your rights under the Americans with Disabilities Act of 1990, as amended

By signing below, I agree and understand that I have 300 days with which to file a charge of discrimination with the Equal Opportunity Commission arising out of my employment, application for employment or termination of employment. I agree that any other action or suit that I may bring against City of Saline arising out of or relating to my employment, application for employment or termination of employment must be brought within 180 days of the event giving rise to claim or be forever barred. I waive any longer limitations periods that may apply in those circumstances, but I retain the right to file a charge of discrimination with the EEOC as stated above. This reduced limitations period is contractual in nature and may not be unilaterally modified by myself or City of Saline.

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 checked="" type="radio"/> Yes <input type="radio"/> No Interviewer _____ Date _____
Remarks

APPLICANT DATA RECORD

This organization provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, sex, color, religion, gender, gender identity, sexual orientation, national origin, age, disability, genetic information, marital status, height, weight, status as a covered veteran in accordance with applicable federal, state and local laws or any other characteristic covered by federal, state or local law.

As an employer taking affirmative action to ensure the removal of any possible past discrimination, and to help comply with governmental record-keeping requirements, we would appreciate your completing this form. However, **COMPLETION OF THIS FORM IS STRICTLY VOLUNTARY**. This data will be physically separated from the remainder of your job application before the application is considered for possible employment. This information will be kept in a confidential file, **WITHOUT YOUR NAME ON IT, SEPARATE FROM YOUR APPLICATION FOR EMPLOYMENT**.

Date: _____ Position(s) Applied For: _____

PERSONAL TRAITS:

Race:

White
Black
Asian/Pacific Islander
American Indian/Alaskan
Hispanic
Prefer to Self-Describe _____

Gender Identity:

Female
Male
Non-binary/Third Gender
Transgender
Agender
Genderqueer
Prefer to Self-Describe _____