

(e) This space is provided for detailed education and skill explanations, if applicable.

Typing WPM _____ Shorthand WPM _____

Other: _____

7. Are you now, or have you ever been certified or a licensed member of any trade or profession (such as electrician, mechanic, radio operator, etc.)? YES NO

If so, indicate kind of certification or license, state, and period covered: _____

WORK EXPERIENCE

8. In the space provided below, indicate every employment (including periods of military service) and every period of unemployment since you first began to work. Start with your most recent job and work backwards to the first job you ever held. Request work experience continuation sheet, if necessary. For periods of unemployment use extra space allowed on this application.

EMPLOYER AND LOCATION _____	POSITION TITLE _____	FROM _____ M / D / YR	FULL TIME
NAME OF SUPERVISOR _____	NO. YOU SUPERVISED _____	TO _____ M / D / YR	PART TIME

DESCRIPTION OF YOUR DUTIES: _____

FINAL SALARY: _____

REASON FOR LEAVING: _____

EMPLOYER AND LOCATION _____	POSITION TITLE _____	FROM _____ M / D / YR	FULL TIME
NAME OF SUPERVISOR _____	NO. YOU SUPERVISED _____	TO _____ M / D / YR	PART TIME

DESCRIPTION OF YOUR DUTIES: _____

FINAL SALARY: _____

REASON FOR LEAVING _____

EMPLOYER AND LOCATION _____	POSITION TITLE _____	FROM _____ FULL M /D /YR TIME
NAME OF SUPERVISOR _____	NO. YOU SUPERVISED _____	TO _____ PART M / D / YR TIME

DESCRIPTION OF YOUR DUTIES: _____

FINAL SALARY: _____
REASON FOR LEAVING: _____

GENERAL DATA

9. Have you filed an application here before? _____ YES _____ NO DATE _____

10. Have you ever been employed with the city before? _____ YES _____ NO

11. Are you a citizen of the United States? _____ YES _____ NO

If not, do you possess an Alien Registration Card? _____ YES _____ NO

If yes, give Alien Registration Number _____

12. Are you available to work: _____ Full Time _____ Part Time _____ Temporary _____ Summer

13. Are you on lay-off and subject to recall? _____ YES _____ NO

14. Are you licensed in the State of Michigan to operate a motor vehicle? _____ YES _____ 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 currently pending against you? _____ YES _____ NO

*17. Have you ever pled "guilty" or "no contest" or been convicted of a crime? _____ YES _____ NO

If yes, explain when, where, and nature of offense.

*Answer "Yes" to these questions does not constitute an automatic ban to employment.

Factors such as date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered. If you need additional space, use a separate sheet of paper.

18. Have you ever been discharged, asked to resign or resigned in lieu of discipline or discharge? _____ YES
_____ NO

19. Are you a veteran of the U.S. Military Service? _____ YES _____ NO. If yes, what was your Branch of Military Service?

20. Have you read the position description? _____ YES _____ NO

21. Can you perform the essential functions of the position applied for with or without reasonable accommodation? _____ YES _____ NO.

22. For reference checks and work history purposes, have you worked for a company under a different name. If so, indicate:

**SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS
(INDICATE ITEM NUMBERS TO WHICH ANSWERS APPLY).**

ITEM NO. 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 Ecorse (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 SIGNATURE _____

DATE _____