

APPLICATION FOR EMPLOYMENT
CITY OF WARREN
HUMAN RESOURCES DEPARTMENT
ONE CITY SQUARE, SUITE 410
WARREN, MICHIGAN 48093-5286
PHONE # 586-574-4670 FAX # 586-574-0770



Lori M. Stone, Mayor

INSTRUCTIONS: Type or print in ink. Complete all questions, even if you enclose a resume. Extra pages may be attached if you need them. If required in the Job Announcement, please provide all proofs of education or certifications. This form may be turned in at the Human Resources Department or mailed to the address above.

TITLE OF POSITION:				
LAST NAME		FIRST NAME		MIDDLE INITIAL
MAIDEN NAME		OTHER PREVIOUSLY USED NAMES		
ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE (INCLUDING AREA CODE)	ALTERNATE PHONE (INCLUDING AREA CODE)		E-MAIL ADDRESS	
DO YOU HAVE A VALID DRIVER'S LICENSE? (NOT REQUIRED FOR ALL POSITIONS)		YES <input type="checkbox"/>	NO <input type="checkbox"/>	CLASS/TYPE
LICENSE NUMBER			ISSUED BY THE STATE OF:	
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 DD 214 and your V.A. disability letter and claim number.	

CHECK ONE BOX FOR EACH QUESTION	YES	NO		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 felony? (A YES answer does not automatically disqualify you.)			Are any felony charges currently pending against you?		
Are you at least 18 years of age?			If so, please state the charge, date and location.		
If under 18, are you at least 16 years of age?					

In accordance with the City of Warren Charter Provision on nepotism, Section 7.27, are you related to anyone who is elected, an appointed official or an employee of the City of Warren?

Name _____ Position _____ Relationship _____

Name _____ Position _____ Relationship _____

EDUCATION

	Name / Location	# of Years Completed	Diploma / Degree	Courses of Study
High School				
College				
College				
Vocational Training				

PRELIMINARY REQUIREMENTS

Explain how you meet the preliminary requirements listed in the job posting. Include any training and skills (such as other languages spoken) you have that may be useful for the job which you are applying. Be specific.

EMPLOYMENT EXPERIENCE

Begin with your present employer or your last job. List a promotion as a new job. List all employers. Attach extra pages if needed.

Employer Name	Telephone (Including Area Code)
Address	Dates of Employment From _____ To _____
Your Job Title	Wages Start _____ Last _____
Name and Title of Supervisor	Reason for Leaving
May we contact your present employer for a reference? Yes No	

Employer Name	Telephone (Including Area Code)
Address	Dates of Employment From _____ To _____
Your Job Title	Wages Start _____ Last _____
Name and Title of Supervisor	Reason for Leaving
May we contact your previous employer for a reference? Yes No	

Employer Name	Telephone (Including Area Code)
Address	Dates of Employment From _____ To _____
Your Job Title	Wages Start _____ Last _____
Name and Title of Supervisor	Reason for Leaving
May we contact your previous employer for a reference? Yes No	
Have you failed or refused a DOT pre-employment drug test in the previous two years? Yes No	

REFERENCES

List at least two responsible adults who have knowledge of your work ethic, experience, and ability. (Do not include relatives, former or present employers.)

Name	Address	Telephone # (Incl. Area Code)	Occupation

CERTIFICATION / SIGNATURE

Read Carefully Before Signing:

I hereby certify that the foregoing statements are true to the best of my knowledge. I further authorize investigation and verification of all statements contained in this application for employment and release from all liability and responsibility of all persons, companies or corporations supplying such information. I understand such information may include records of disciplinary action assessed by previous employers and hereby release such parties from obligation to provide me with written notification of such disclosure. I further understand that any misrepresentation, falsification or omission of pertinent facts will subject me to discharge at any time.

Further, I agree to take a physical examination and recognize any offer of employment is contingent upon the results of such an examination, as well as successful completion of a background investigation. I understand that all offers of employment are made in writing by the Personnel Department and that no statement or verbal representation by any City official or employee constitutes an offer of employment. I acknowledge and understand that if hired in a Civil Service classification, and if in the event there is a disagreement between the City as an employer and me, the undersigned, that I must resort to either contract or administrative grievance procedures before I can resort to any remedy to the courts.

Signature _____ Date _____