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



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.

Human Resources De	partment of mane	a to the addre	233 000	76.							
LAST NAME			FIRST NAME					٨	MIDDLE INITIAL		
MAIDEN NAME				OTH	HER PREVIOUSLY US	SED NAMES					
ADDRESS CIT						STATE	STATE			ZIP CODE	
HOME PHONE (INCLUDING AREA CODE) ALTERNATE F			PHONE (INCLUDING AREA CODE)			E-MAIL AD	E-MAIL ADDRESS				
DO YOU HAVE A VALID DRIVER'S LICENSE? YE			YES NO CLASS/TYPE								
(NOT REQUIRED FOR ALL POSITIONS) LICENSE NUMBER						ISSUED BY 1	HE STATE OF:				
DATES OF U.S. MILITARY SE	RVICE	BRANCH OF	SERVICE		TYPE OF DISC	TYPE OF DISCHARGE If you are claiming preference as a v you must attach a copy of your DD 2 letter and claim number.					
CHECK ONE BOX FOR E	ACH QUESTION		YES	NO					YES	NO	
Are you a United States Citizen?					If not, are you leg States?	gally authorized to	ed				
Have you ever been convicted of a felony? (A YES answer does not automatically disqualify you.)					Are any felony ch	any felony charges currently pending against you?					
Are you at least 18 years of age?					If so, please state	If so, please state the charge, date and location.				I	
If under 18, are you at least 16 years of age?											
In accordance with the City employee of the City of Wa	rren?					-					
		Position				Relationship					
				EDUC	ATION						
		Name / Location				# of Years Completed	Diploma / Degree	Courses of Study			
High School											
College											
College											
Vocational Training											
					REQUIREMEN						
Explain how you meet the spoken) you have that m						training and skil	ls (such as oth	ner lar	nguages		

EMPLOYMENT EXPERIENCE

Begin with your present employer or your last job. List a promotion as a new job. List all er	mployers. Attacl	h extra pages if needed.				
Employer Name	Tele	ephone (Including Area Code)				
Address		Dates of Employment				
	From	То				
Your Job Title		Wages				
	Start	Last				
Name and Title of Supervisor	Start	Reason for Leaving				
·		J				
May we contact your present employer for a reference? Yes No						
Employer Name	Tele	Telephone (Including Area Code)				
Address		Data of Family and				
Address		Dates of Employment				
V. LI Tu	From	То				
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						
	Tolo	ephone (Including Area Code)				
Employer Name	i ele	eprione (including Area Code)				
Address		Dates of Employment				
	From	То				
Your Job Title	110111	Wages				
	Start	Last				
Name and Title of Supervisor	Otart	Reason for Leaving				
May we contact your previous employer for a reference? Yes No						
REFERENCES						
List at least two responsible adults who have knowledge of your work ethic, experience, and present employers.)	d ability. (Do no	t include relatives, former or				
	(Incl. Area Code)	Occupation				
Name Address Telephone #	(IIIci. 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 furth						
statements contained in this application for employment and release from all liability a						
corporations supplying such information. I understand such information may include reco						
that any misrepresentation, falsification or omission of pertinent facts will subject me to disc						
Finally and a series to take a selectional execution of the series of th		d company they may be a				
Further, I agree to take a physical examination and recognize any offer of employme examination, as well as successful completion of a background investigation. I understand						
by the Personnel Department and that no statement or verbal representation by any C						
employment. I acknowledge and understand that if hired in a Civil Service classification						
between the City as an employer and me, the undersigned, that I must resort to either of						
before I can resort to any remedy to the courts.						

Date _ AN EQUAL OPPORTUNITY EMPLOYER