



## **EMPLOYMENT APPLICATION**

### **APPLICATION INSTRUCTIONS - Please use black ink.**

If you need assistance filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

- 1.) Please read "APPLICANT NOTE."
- 2.) If more space is needed to complete any Questions, use the back of the sheet.
- 3.) Print clearly; incomplete or illegible applications will not be processed.
- 4.) Some packets may have an attached AFFIRMATIVE ACTION QUESTIONNAIRE.  
This information is being gathered for Affirmative Action under Section 503 of the Rehabilitation Act of 1973.  
The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.
- 5.) **THE CITY OF ROMULUS RESERVES THE RIGHT TO REJECT INCOMPLETE APPLICATIONS.**

**APPLICANT NOTE:** This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job related skills and for the presence of drugs in your body may be required prior to employment. In accordance with the provisions of the Americans with Disabilities Act, the city of Romulus may require job applicants to undergo a medical and/or psychological examination after an offer of employment has been made, and prior to the commencement of employment duties, and may condition the offer of employment on the results of such examination(s).

**NAME:** \_\_\_\_\_ **TODAY'S DATE:** \_\_\_\_\_  
Last First M.I.

**EMAIL ADDRESS:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_  
Street City State Zip

**PRIOR ADDRESS:** \_\_\_\_\_  
Street City State Zip  
(IN THE PAST FIVE (5) YEARS)

### **AVAILABILITY**

**For which position are you applying?** \_\_\_\_\_

**What date can you start?** \_\_\_\_\_ **What category would you prefer?** ☐ Full-Time ☐ Part-Time ☐ Temporary

**For which schedules are you available?** ☐ Weekdays ☐ Weekends ☐ Evenings ☐ Nights ☐ Overtime ☐ Shift

## EDUCATION

Please circle the highest grade completed. 7 8 9 10 11 12 13 14 15 16+

NAME

CITY/STATE

YEAR OF GRADUATION?

HIGH SCHOOL		
COLLEGE		
OTHER		

## SECURITY

List states and countries of residence for the past seven years. \_\_\_\_\_

\_\_\_\_ YES    \_\_\_\_ NO    Have you used any names or Social Security Numbers other than those listed on this application. Please list: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ YES    \_\_\_\_ NO    Have you been convicted of a felony and/or served time in the past seven years? If so, please describe below. (In accordance with city policy this information will be reviewed for job relatedness and time since last conviction.)

INCIDENT

CITY/STATE

CHARGE

1.		
2.		

## JOB-RELATED SKILLS

List languages in which you are fluent \_\_\_\_\_

\_\_\_\_ YES    \_\_\_\_ NO    Do you have a valid Michigan Drivers License?  
DL# \_\_\_\_\_ Type \_\_\_\_\_ Endorsements \_\_\_\_\_

\_\_\_\_ YES    \_\_\_\_ NO    Have you had any moving violations? Please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to the City of Romulus.

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been terminated by an employer? If yes, when, why, and by whom? \_\_\_\_\_

If you are under 18 years of age, can you furnish a work permit?    \_\_\_\_ YES    \_\_\_\_ NO

## EMPLOYMENT HISTORY

**Please give an accurate, complete, full-time and part-time employment record. Start with current or most recent employer (list additional employers on a separate sheet). This section must be completed fully, even if a resume is attached. Please print all information.**

<b>Company Name</b>	<b>Supervisor</b>	<b>Telephone</b> (    )
<b>Address                  City/State                  Zip</b>	<b>Employed (List Month &amp; Year)</b>  From    To	
<b>Job Title:</b> _____  <b>List your responsibilities:</b>	<b>Salary Starting:</b> <b>Ending:</b>	
	<b>Reason for Leaving:</b>	

<b>Company Name</b>	<b>Supervisor</b>	<b>Telephone</b>  (     )
<b>Address                  City/State                  Zip</b>	<b>Employed (List Month &amp; Year)</b>  From                                  To	
<b>Job Title:</b> _____  <b>List your responsibilities:</b>	<b>Salary Starting:</b> <b>Ending:</b>	
	<b>Reason for Leaving:</b>	

<b>Company Name</b>	<b>Supervisor</b>	<b>Telephone</b> (     ) 
<b>Address                  City/State                  Zip</b>	<b>Employed (List Month &amp; Year)</b>  <b>From    To</b>	
<b>Job Title:</b> _____  <b>List your responsibilities:</b>	<b>Salary Starting:    Ending:</b>	
	<b>Reason for Leaving:</b>	

## PERSONAL REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		

## REFERRAL SOURCE

\_\_\_\_ Advertisement                      \_\_\_\_ Walk-In                      \_\_\_\_ City Website  
\_\_\_\_ Friend                                \_\_\_\_ Employment Agency                      \_\_\_\_ Other Website  
\_\_\_\_ Relative                                \_\_\_\_ Other \_\_\_\_\_

## CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the city and/or its agents, including consumer reporting bureaus, to verify any of this information including but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If city policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. Furthermore, I agree that any lawsuit against the City of Romulus and/or its agents arising out of my employment application or employment or termination of employment, including, but not limited to claims arising out of State and Federal civil rights statutes, must be brought within time limits or forever be barred: (a) for a lawsuit requiring a notice of right to sue from the EEOC, within 90 days after the EEOC issues that notice, or (b) for all other lawsuits within (i) 180 days of the event(s) giving rise to the claim, or (ii) the time limit specified by statutes, whichever is shorter. I waive any statute of limitations that exceed these time limits.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# City of Romulus Release of Information

## To Whom It May Concern:

I hereby authorize any representative of the City of Romulus bearing this release to obtain information from your files or other sources pertaining to my personal background including, but not limited to, academic, athletic, achievement, attendance, or personal history, disciplinary action, medical, credit or any other records you may have regarding me. I hereby direct you to release such information upon the request of the bearer. This release is executed with the full knowledge and understanding that this information is for the official use of the City of Romulus. I hereby release you, the institution or establishment which you represent including its officers, employees, and related personnel both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below:

**Full Name:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
\_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**State/Driver's License Number of any other state where you previously resided:**

\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

# AFFIRMATIVE ACTION QUESTIONNAIRE

This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required Governmental record keeping or periodic reporting. This information is not part of your employment/selection process and will not be kept with your application. If you choose to provide the information, please complete the following:

Title of job applied for: \_\_\_\_\_ Date: \_\_\_\_\_

SEX (Check One)    ☐ MALE                      ☐ FEMALE

RACE (Check One)

☐ White –origins in Europe, North Africa, or Middle East

☐ Asian –origins in Far East, S.E. Asia, India, or Pacific Islands, China, Japan, Korea, Philippine Islands, Samoa

☐ Black –origins in Africa

☐ Hispanic –Mexican, Puerto Rican, Cuban, Central or South America

☐ American Indian – origins in North America, to include Alaska

VETERAN/U.S. MILITARY STATUS

☐ (0) Non-Veteran

☐ (1) Pre-Vietnam Veteran

☐ (2) Pre-Vietnam veteran with service incurred disability

☐ (3) Vietnam Era Veteran (8/5/64 – 5/7/75)

☐ (4) Vietnam Era Veteran with service incurred disability

☐ (5) Post Vietnam Veteran

☐ (6) Post Vietnam Veteran with service incurred disability

ACTIVE NATIONAL GUARD OR RESERVIST (Check One)

☐ YES    ☐ NO

**INFORMATION ON THIS PAGE WILL NOT BE KEPT IN YOUR PERSONNEL FILE.**