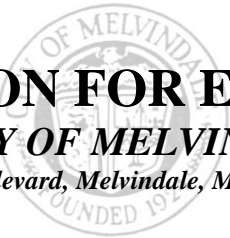


APP # \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

## CITY OF MELVINDALE

3100 Oakwood Boulevard, Melvindale, MI 48122 (313) 429-1040



**WE CONSIDER ALL APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS.**

POSITION(S) APPLIED FOR \_\_\_\_\_

NAME (Print) \_\_\_\_\_  
*Last*
*First*
*Middle Initial*

ADDRESS \_\_\_\_\_  
*Street*
*City/State*
*Zip Code*

SOCIAL SECURITY NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.? YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes, verification will be required)  
 ARE YOU OF LEGAL AGE TO WORK? \_\_\_\_\_ HAVE YOU PREVIOUSLY APPLIED FOR THIS POSITION? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

IF YOUR APPLICATION IS CONSIDERED FAVORABLY, ON WHAT DATE WILL YOU BE AVAILABLE FOR WORK \_\_\_\_\_

ARE THERE ANY OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH WILL BE OF SPECIAL BENEFIT IN THE JOB WHICH YOU ARE APPLYING FOR.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>EDUCATION</b>			
Name and Address of School	Course of Study	Year Completed	Graduate?
High School			
College			
Other/Military Please Specify			

<b>PRESENT AND PAST EMPLOYMENT</b>			
Company Name and Address	Dates of Employment	Work Performed	Hourly Rate/Salary
			<b>Reason for Leaving</b>
Company Name and Address	Dates of Employment	Work Performed	Hourly Rate/Salary
			<b>Reason for Leaving</b>
Company Name and Address	Dates of Employment	Work Performed	Hourly Rate/Salary
			<b>Reason for Leaving</b>

<b>REFERENCES</b>			
Name and Address	Occupation	Years Known	Telephone
Name and Address	Occupation	Years Known	Telephone
Name and Address	Occupation	Years Known	Telephone

The City of Melvindale is an *Equal Opportunity Employer*. Offers of employment are conditioned upon a prospective employee submitting to a full medical examination, including drug screening by a physician of the City's choice, with the results of said examination being satisfactory to the City. No medical examination will be required unless an offer of employment is made.

To determine my qualifications for employment, I authorize the City of Melvindale to conduct an investigation of my application. I understand that any false or misleading information furnished by me on this application form, or in connection with my application for employment, may result in rejection of the application, or if employed by the City of Melvindale, in the termination of employment.

<b>WAIVER</b>	It is understood and agree that the CITY OF MELVINDALE and the MELVINDALE POLICE DEPARTMENT may investigate my background, to ascertain any and all information of concern to the City of Melvindale, whether the same is of record or not, and I release the CITY OF MELVINDALE and anyone acting in its behalf from any and all claims that may arise from said investigation.
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NAME: \_\_\_\_\_  
(Signature)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_  
(8:30 a.m. to 4:30 p.m.)

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

DRIVER'S LICENSE NO.: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

Emergency Contact  
or Alternate: \_\_\_\_\_  
(Name) (Address and City) (Phone)

FOR OFFICE USE ONLY	
Rec'd By	Date/Time

**FOR CIVIL SERVICE PURPOSES ONLY.**

Documents Presented:

- Birth Certificate
- Driver's License
- High School Diploma
- College Transcripts
- MLEOTC Certification
- Military Discharge Papers
- Chauffer's License
- Resume
- Other

Comments: \_\_\_\_\_

\_\_\_\_\_