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Application for Employment

An Equal Opportunity Employer
M/F/D/V
The City of Mount Clemens will not discriminate on the basis of age, sex, religion, race, color, national origin, disability, or genetic information

Position Information

_____
Position Desired Date

Have you ever worked for the City of Mount Clemens? _____

If yes: When? _____ In what capacity? _____

Personal Information

_____
First Name Middle Last Name

_____
Address City State Zip Code

Phone Number _____ Email _____

Are you 18 years or older? Yes ☐ No ☐

Are you a U.S Citizen? Yes ☐ No ☐ If no, what type of visa? _____

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.

☐ Yes ☐ No

The City of Mount Clemens has a policy which states that no employee is permitted to work within the "chain of command" of a relative. Do you have any relatives currently employed with the City?

☐ Yes ☐ No If yes, state their name & position:

_____

Are you capable of performing, with or without reasonable accommodation (special assistance, equipment, or other help), the activities involved in the job or occupation for which you have applied? Yes No

Education History

Highest Education:

☐ Elementary
☐ High School
☐ Some College
☐ Associate Degree
☐ Bachelor Degree
☐ Master Degree
☐ Other

School:_____ Name & Location:_____

Did you graduate? ☐ Yes ☐ No Degree Received: _____

Other licenses or certificates earned: _____

Human Resources Department
One Crocker Boulevard
Mount Clemens, MI 48043

Info@cityofmountclemens.com
586-469-6800
mountclemens.gov

VINTAGE VIBE VIBRANT VISION

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Military Service

Brand of Service _____ Rank of Discharge _____

List major duties including special training

_____

Service school attended _____

Are you currently a member of the Reserves or National Guard? Yes ☐ No ☐

Criminal History

Have you ever been convicted of a felony or misdemeanor crime?

Yes ☐ No ☐ If yes, explain: Offense:_____
Date: _____

Driving Information & History:
Only for those applying for positions which require driving a city vehicle

Driver's License No. _____ CDL No. _____
List traffic citations for the last 5 years:

_____

Employment Record
Do not need to complete if resume is attached

Name: _____ Dates of Service: _____

Phone Number: _____ Reason for Leaving: _____

Job Titles & Duties: _____

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Phone Number: _____ Reason for Leaving: _____

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_____

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Skills & Additional Information

_____

_____

_____

_____

I understand that any information provided in this application may be subject to release under the Freedom of Information Act.

AGREEMENT AND UNDERSTANDING

1. I certify that the answers and information given by me in this application are true, correct and complete without qualification. I understand that the City has the right to refuse to hire or subject me to discipline, including termination, at any time, if it discovers that the information and/or answers that I have provided in this application for employment, including any resume that I may have submitted, are not true, correct and/or complete.
2. I waive written notice from my current employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel records (even if more than four years old). This waiver is made pursuant to the Bullard-Plawecki Employee Right-to-Know Act.
3. I authorize the references and current and former employers listed in this application to give the City any and all information concerning my current and previous employment and any pertinent information they may have (even if more than four years old) and release all parties from any liability for any damages that may result from furnishing same to the City.
4. I understand that any offer of employment is conditional pending the results of pre-employment requirements such as testing, drug screening or background checks.

I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF EACH OF THE ABOVE FOUR (4) INDIVIDUAL STATEMENTS, AS INDICATED ABOVE.

Signature: _____ Date: _____

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AFFIRMATIVE ACTION PROGRAMS ANNOUNCEMENTS

AND INVITATION TO SELF-IDENTIFY

City of Mount Clemens is an equal opportunity employer in all personnel practices, including recruitment, advertising, hiring, participation in training and development programs, promotion and upgrading, demotion, transfer, layoff and termination, pay and other forms of compensation, insurance, workers' compensation, and other benefits. We are committed to affirmative action and prohibit discrimination based on race, color, sex, age, religion, national origin, disability, Vietnam-era veteran status, or other eligible veteran status, or any other unlawful forms of discrimination.

You are invited to complete and submit this self-identification form as part of the City of Mount Clemens' Affirmative Action Plan for employees and applicants. **Completion of the following information is voluntary.** If you do not wish to self-identify at this time, you may do so in the future by submitting this form. Anyone electing not to participate will not be subject to adverse treatment. Information obtained will be used only in accordance with Federal and State regulations and will be kept confidential. Persons involved in making personnel decisions will not have access to this form.

Please check one box each to indicate your gender and racial ethnic background. Definitions given below are in accordance with Equal Employment Opportunity Commission (EEOC) guidelines.

❑ Male ❑ Female

❑ Caucasian: Persons having origins in any of the original peoples of Europe, North Africa, and the Middle East who are not of Hispanic origin.

❑ Black: Persons with origins in any of the Black racial groups of Africa (including Jamaicans and Trinidadians), who are not of Hispanic origin

❑ Hispanic: Persons of Mexico, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.

❑ Asian or Pacific Islander: Persons having origins in any of the original peoples of China, Japan, Korea, the Philippine Islands, the Indian subcontinent (including Pakistanis), the Far East, Southeast Asia, the Pacific Islands (includes Vietnamese, Thais, Indonesians, Malaysians, Hawaiians, and Samoans).

❑ American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition (includes Eskimos and Aleuts).

❑ I do not wish to self-identify.

Name (please print): _____ Date: _____

Signature: _____ Empl. No.: _____

Form Reviewed by: ❑ Employment Office ❑ Human Resources Representative

Reviewer (please print): _____ Date: _____

Phone: _____

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