



# CITY OF FARMINGTON

## Department of Public Works Employment Application

**Farmington Department of Public Works  
33720 W. 9 Mile Road  
Farmington MI 48335**

FarmingtonDPW@farmgov.com

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical position or handicap, or any other legally protected status.

*(PLEASE PRINT)*

Position(s) Applied For		Date of Application							
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> On-line Job Board <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____									
Last Name		First Name		Middle Initial					
Address Number		Street		City		State		Zip Code	
E-Mail Address						Telephone Number			

- Are you over 18 years of age?  Yes     No
- Have you ever filed an application with us before?  Yes     No  
*If Yes, give date* \_\_\_\_\_
- Have you ever been employed with us before?  Yes     No  
*If Yes, give date* \_\_\_\_\_
- Are you currently employed?  Yes     No
- May we contact your present employer?  Yes     No
- Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?  Yes     No  
*Proof of citizenship will be required upon employment.*

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

## DRIVER SPECIFIC INFORMATION:

- Do you have a current Commercial Driver License?  Yes  No
  - CDL Classification  A  B  C
  - Endorsements:  (X)  (T)  (H)  (N)
  
- Do you have restrictions on your CDL?
  - If so, please mark all applicable  
 E  L  Z  M  N  O  V
  
- Do you have a valid DOT Medical card?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary

Have you been convicted of a crime?  Yes  No  
*Conviction will not necessarily disqualify an applicant from employment.*

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been fired or asked to resign from a job?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

List any trade related experience that you may have.

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

Do you have any other qualifications or hobbies that would make you an asset to the Department of Public Services?

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

The City of Farmington requires Department of Public Services employees to maintain their primary residence within a twenty-five (25) mile distance (as measured directly from the employee's residence to the nearest City border). If you do not already live within that perimeter, would you be willing to relocate if employed by the City?

Yes  No

**EDUCATION:**

		Years	Diploma	Courses
High School				
College				
Graduate				
Vocational Training				

List any awards or honors earned while in school: \_\_\_\_\_

List any other educational training, including military service, apprenticeships, volunteer work, skills, licensing and/or certificates that may assist you in performing the position for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES:** *(do not include relatives)*

Name	Address	Phone Number	Years Acquainted

**ADDITIONAL INFORMATION:**

Do you have a valid driver's license?  Yes  No

List professional, trade, business or civic activities and offices held, but please do not include any groups the name or character of which indicate race, color, religion, sex, national origin, handicap, marital or veterans status or disability:

\_\_\_\_\_

\_\_\_\_\_

Please explain any gaps in your employment, other than those due to personal illness, injury, or disability:

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT EXPERIENCE:** Start with your present or last job.

1.

Employer	Dates From                      To		Work Performed
Address			
Job Title	Hourly Rate / Salary Starting                      Final		
Supervisor			
Reason for leaving			

2.

Employer	Dates From                      To		Work Performed
Address			
Job Title	Hourly Rate / Salary Starting                      Final		
Supervisor			
Reason for leaving			

3.

Employer	Dates From                      To		Work Performed
Address			
Job Title	Hourly Rate / Salary Starting                      Final		
Supervisor			
Reason for leaving			

4.

Employer	Dates From                      To		Work Performed
Address			
Job Title	Hourly Rate / Salary Starting                      Final		
Supervisor			
Reason for leaving			

State any additional information that you feel may be helpful to us in considering your application:

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## APPLICANT'S STATEMENT

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I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. By signing this application, I release the City of Farmington and my prior employers from liability arising out of information requested or disclosed.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

State and federal laws require the City of Farmington to make reasonable accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the City. Michigan law provides that employees and applicants may request an accommodation of their disability by notifying the City of Farmington in writing of the need for accommodation within 182 days of the date that the individual knows or should know that an accommodation is needed. This requirement does not waive an individual's rights under the Americans with Disabilities Act.

I agree that any claim or lawsuit relating to my employment with the City of Farmington must be filed no later than six months after the employment action that is the subject of the claim or lawsuit, unless applicable law provides for a shorter statute of limitations, in which case the shorter limitation period controls. This paragraph does not apply to claims based on federal law for which filing a charge with the Equal Employment Opportunity Commission is a prerequisite to filing a lawsuit.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I must pass a medical examination (with or without a drug test) from a City-appointed physician at no cost to myself. This examination must be completed prior to my first day of employment, if hired. I understand, also, that I am required to abide by all rules and regulations of the employer.

*If driving is required for the position you are applying for:*

Driver's License Number: \_\_\_\_\_



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Signature of Applicant

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Date