



# CITY OF FARMINGTON

## Employment Application

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 condition or disability, or any other legally protected status.

**(PLEASE PRINT)**

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

Advertisement     
  Friend     
  Walk-in     
  On-line Job Board  
 Employment Agency     
  Relative     
  Other: \_\_\_\_\_

Last Name	First Name	Middle Initial
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Address Number	Street	City	State	Zip Code
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E-Mail Address	Telephone Number
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- Are you 18 years of age or over?  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.*

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: \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**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	Email	Phone Number	Relationship to Applicant and 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, age, national origin, handicap, marital or veterans status or disability or any legally protected status:

\_\_\_\_\_

\_\_\_\_\_

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.



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Signature of Applicant

Date

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

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