



APPLICATION FOR EMPLOYMENT

The City of Dearborn Heights is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, genetic information, or any other protected category.

Position Applied For	
Full Legal Name (Last, First and Middle)	
Address	
City, State and Zip	
Phone Number	
Email Address	

Are you a relative by birth or marriage to any City of Dearborn Heights elected official or full-time management employee?	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
If yes, please provide the name and relationship:	
Are you under 18 years of age?	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
Are you on a layoff?	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
If yes, are you subject to recall?	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
If an offer of employment is made, will you submit to a drug screening test?	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
Have you ever been employed by the City of Dearborn Heights?	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
Are you legally eligible to work in this country? <i>In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.</i>	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
Have you ever been fired?	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
If yes, please explain:	
Are you capable of performing the essential functions of the job being applied for with or without reasonable accommodation (special assistance, equipment or other help), the activities involved in the job or occupation for which you have applied?	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No

EDUCATION

	High School	Vocational School	College	Graduate School
School Name				
Location				
Major/Minor				

Describe any specialized training, apprenticeships, internships, skills, licenses, certificates, and extra-curricular activities that pertain to the position(s) for which you are applying.

List professional trade, business group memberships, offices held, and volunteer work. You may exclude groups that would reveal race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, genetic information, or any other protected class:

REFERENCES

Name	Phone Number

MILITARY SERVICE RECORD

All factors are considered when making employment decisions. Have you had any experience in the Armed Forces of the United States of America or in a State National Guard that is directly related to the position you are applying for?

Yes No

If Yes, what branch? _____ Rank at discharge: _____ Date of discharge: _____

EMPLOYMENT HISTORY

Employer:	Dates of Employment:
Employer's Address/City/State:	Employer's Phone:
Job Title:	Name of Supervisor:
Reason for Leaving:	
Employer:	Dates of Employment:
Employer's Address/City/State:	Employer's Phone:
Job Title:	Name of Supervisor:
Reason for Leaving:	
Employer:	Dates of Employment:
Employer's Address/City/State:	Employer's Phone:
Job Title:	Name of Supervisor:
Reason for Leaving:	
Employer:	Dates of Employment:
Employer's Address/City/State:	Employer's Phone:
Job Title:	Name of Supervisor:
Reason for Leaving:	
Employer:	Dates of Employment:
Employer's Address/City/State:	Employer's Phone:
Job Title:	Name of Supervisor:
Reason for Leaving:	

AGREEMENT AND UNDERSTANDING

1. I certify that the information in this application is true, complete and correct to the best of my knowledge and understand that falsification, misleading, misrepresentation or omission of any information submitted in connection with my application or interview, whether in this document or not, may result in rejection of my application or, if hired, in dismissal.

Signature _____ Date _____

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.

Signature _____ Date _____

3. I authorize the references and current and former employers listed in this application to give you 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 you.

Signature _____ Date _____

4. I authorize the City of Dearborn Heights to release any information (even if more than four years old) relating in any way to my employment including disciplinary reports, letters of reprimand or other notices of disciplinary action when such information is requested by any prospective or subsequent employers without any obligation (by them or you) to give me any notice of such disclosure.

Signature _____ Date _____

5. I understand that any employment offer is conditional upon the results of the drug screening test and the post offer pre-employment medical examination.

Signature _____ Date _____

6. I have read the attached job description. If employed, I understand that if I am or become handicapped in need of accommodations for employment, I must notify the City of Dearborn Heights in writing within 182 days after the need is known or reasonably should have been known to me. Failure to properly notify the City will preclude any claim that the employer failed to accommodate the handicapper.

Signature _____ Date _____

APPLICANTS FOR NON-UNION POSITIONS READ AND SIGN PARAGRAPH 7(A). DO NOT SIGN PARAGRAPH 7(B).

7(A). In consideration of my employment, I agree to conform to the rules and regulations of the City of Dearborn Heights, as they may be amended or changed from time to time, and I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either the City or myself. I understand that no officer or representative of the City has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the Mayor of the City and any such agreement must be made in writing, directed to me personally. I further acknowledge that no one has made any representations or statements to the contrary to the City's employment at-will policy or about the City's economic outlook or stability to me, either oral or in writing, and I acknowledge and understand that no one has the authority to make such representations or statements to the contrary in the future.

Signature _____

Date _____

APPLICANTS FOR UNION POSITIONS READ AND SIGN PARAGRAPH 7(B). DO NOT SIGN PARAGRAPH 7(A).

7(B). In consideration of my employment, I agree to the rules and regulations of the City of Dearborn Heights. I further acknowledge I will be on probationary status for a minimum of 180 days from my date of hire. As a probationary employee, I understand my employment and compensation can be terminated at any time with or without cause and with or without notice at the option of either the City or myself. I understand that no officer or representative of the City has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the Mayor of the City and any such agreement must be made in a signed writing directed to me personally.

I further understand that after my probationary period ends I will be subject to the terms and conditions of the collective bargaining agreement between the City and my unit. I acknowledge that no one has made any representations or statements contrary to the City's probationary at-will policy to me or about the City's economic outlook or stability either orally or in writing, and I acknowledge that no one has the authority to make such representations or statements to the contrary in the future.

Signature _____

Date _____

8. I agree that any lawsuit against the City arising out of my employment or termination of employment, including but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within one year of the event giving rise to the claims or be forever barred. I waive any limitations period to the contrary.

Signature _____

Date _____

I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF EACH OF THE ABOVE EIGHT (8) INDIVIDUAL STATEMENTS, AS INDICATED ABOVE.

SIGNATURE _____

DATE _____