



Application for Employment

City of Southfield • Human Resources Department
26000 Evergreen Road • P.O. Box 2055 • Southfield, Michigan 48037-2055
Phone: (248) 796-4700 • Fax: (248) 796-4715



The City of Southfield 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, disability, or any other protected category. We provide reasonable accommodation for qualified individuals with a disability if requested.

Type or print in black ink. You are required to answer all questions completely, even if you enclose a resume. Extra pages may be attached if you need them. You are responsible for complying with any application deadlines. This form may be turned in at the Human Resources Department or mailed to the above address.

Position Applied for: _____ Date: _____

Name _____
Last First Middle

Address _____
Street City County State Zip Code

Telephone (____) _____ (____) _____ (____) _____
Home Number Work Number Other contact number and name

Cell Phone (____) _____ E-Mail Address _____

Driver's License No. _____ Social Security No. _____

Are you 18 years of age or older? Yes No

EDUCATION AND TRAINING

	High School	Vocational/ Technical	College	Graduate School
School Name, City/State				
Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/> GED <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____
Number of credit hours earned				
Degree/Certificate				
Major/Minor				

Describe any specialized training, apprenticeships, internships, skills, licenses, endorsements, certificates, and extracurricular activities that pertain to the position for which you are applying (include CDL licenses and endorsements):

List professional, trade, business group memberships and offices held and volunteer work. Exclude the name and character of groups which indicate race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected class:

EMPLOYMENT HISTORY

Start with present or most recent job and list all previous employers. If you need more space, continue on a separate sheet.

Employer	Dates		Hourly Rate/Salary	
Telephone + Area Code	From	To	Start	Final
Address (City, State, Zip)				
Job Title	Supervisor			
Reason(s) for Leaving	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> _____ Hours Per Week			
Work Performed				

Employer	Dates		Hourly Rate/Salary	
Telephone + Area Code	From	To	Start	Final
Address (City, State, Zip)				
Job Title	Supervisor			
Reason(s) for Leaving	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> _____ Hours Per Week			
Work Performed				

Employer	Dates		Hourly Rate/Salary	
Telephone + Area Code	From	To	Start	Final
Address (City, State, Zip)				
Job Title	Supervisor			
Reason(s) for Leaving	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> _____ Hours Per Week			
Work Performed				

Employer	Dates		Hourly Rate/Salary	
Telephone + Area Code	From	To	Start	Final
Address (City, State, Zip)				
Job Title	Supervisor			
Reason(s) for Leaving	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> _____ Hours Per Week			

Work Performed

Instructions: Answer all questions in this section. Questions in this section may be job related or required by state or federal laws. Your answers will not be considered unless the information is related to the job for which you are applying.

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No
(Proof of citizenship or immigration status may be requested upon employment)

Are you a resident of the City of Southfield? Yes No

Are you able to perform the essential functions of the job for which you are applying? Yes No
(We will provide reasonable accommodation to qualified individuals with a disability upon request as required by law.)

Are you currently working? Yes No

Are you on lay-off? Yes No

If yes, from where? _____

If you are on lay-off, are you subject to recall? Yes No

If yes, from where? _____

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

If yes, give date(s), where you worked and explanation: _____

Do you have any pending felony charges against you? Yes No

If yes, completely describe including location(s) and date(s): _____

Have you ever been convicted of a crime(s) other than a minor traffic violation? Yes No
(A yes answer does not automatically disqualify you.)

If yes, completely describe including location(s) and date(s): _____

Has your driver's license ever been suspended or revoked? Yes No

If yes, completely describe including location(s) and date(s): _____

Is any additional information, like a prior name you may have had, necessary to check your work record? Yes No

If yes, please explain: _____

Have you ever applied for a job with the City of Southfield? Yes No

If yes: _____

Position

Department

Dates

Are you on any current eligibility lists for positions with the City of Southfield? Yes No

If yes: _____

Position

Department

Dates

Have you ever been employed by the City of Southfield? Yes No

If yes: _____

Position

Department

Dates

City of Southfield
Equal Employment Opportunity Information Form

The City of Southfield is an EQUAL OPPORTUNITY EMPLOYER. To help us comply with government record keeping requirements we would appreciate your completing the following form. Any information given will not be used to decide if you will be hired. This information will be kept confidential, and only be used in accordance with applicable state and federal laws and regulations. You ARE NOT required to provide this information.

Check the space that applies to you:

Sex:	Race:	Are you a Vietnam Era Veteran?
<input type="checkbox"/> Male (M)	<input type="checkbox"/> White (0)	<input type="checkbox"/> Yes
<input type="checkbox"/> Female (F)	<input type="checkbox"/> Black (1)	<input type="checkbox"/> No
	<input type="checkbox"/> Asian/Pacific Islander (2)	
	<input type="checkbox"/> American Indian/Alaskan National (3)	
	<input type="checkbox"/> Hispanic (4)	
	<input type="checkbox"/> Multiracial (5): Parents of different races	
	Explain: _____	

I elect not to complete this section of the form

How did you find out about this job? Please mark the appropriate source below:

<input type="checkbox"/> Job Announcement/Posting	<input type="checkbox"/> Michigan Employment Security Agency
<input type="checkbox"/> Job Hotline	<input type="checkbox"/> Received a mailing
<input type="checkbox"/> Internet - Site?	<input type="checkbox"/> Just walked into Human Resources Office
_____	<input type="checkbox"/> Group or organization - Which one? _____
<input type="checkbox"/> Newspaper ad - Which newspaper?	_____
_____	<input type="checkbox"/> Southfield Career Center
<input type="checkbox"/> City Employee	<input type="checkbox"/> Other - Explain: _____
_____	_____
<input type="checkbox"/> Cable Ad	_____

Position Applied for: _____ Date: _____

Name _____
Last First Middle

Address _____
Street

City State Zip Code County

Social Security Number: _____

Home Phone Number: (____) _____ Work Phone Number: (____) _____

Highest Grade Completed (please circle): 6 7 8 9 10 11 12 13 14 15 16 17 18+

AUTHORITY TO RELEASE PERSONAL INFORMATION

This Authorization Form is presented to all applicants for employment with the City of Southfield. While completion of this form is voluntary, the City reserves the right to disqualify and/or refuse to process the application of anyone who refuses to sign and/or duly provide the requested Authority. You are asked to carefully read each paragraph below. In addition to your complete signature at the bottom of the form, you are instructed to initial each paragraph below to indicate that you have read, understood, and agreed to the contents of each and every authorization, release, waiver, designation, and request.

_____ I hereby authorize the City of Southfield, Michigan, to conduct investigation into my background, including criminal history (conviction and/or pending felony charge), driving record, previous employment (present employer will **not** be contacted without applicant's prior approval), educational background, military history, personal history, and to conduct any other investigation that it deems appropriate.

_____ I request any custodian of the aforementioned information, including duly constituted law enforcement agencies or judicial officers or other appropriate persons, to furnish the City of Southfield with all information it may have pertaining to me.

_____ I hereby authorize the release of any and all such records of any confidential information to any member of the Southfield Police Department and/or the City of Southfield, to be used in conjunction with my application for employment. I hereby release you and your employees and/or agents from any liability or claim for any damage whatsoever incurred by me as a result of furnishing this information. Further, I hereby waive statutory written notice for the release of disciplinary reports, letters of reprimand, or other disciplinary action; and any rights afforded me pursuant to M.C.L. 423.501, the Employee Right to Know Act.

_____ Further, in consideration of the City of Southfield considering my application for employment, I hereby release, relieve and indemnify the City of Southfield, Michigan, the Southfield Police Department, the Southfield City Council, and the City of Southfield employees, officials, and agents from and against any and all liability and/or damages of whatsoever kind or nature arising from the use of said information and/or records pertaining to me which is obtained during such investigation.

_____ This authorization shall continue until revoked by me in writing. A photocopy or reproduction or facsimile transmission of this authorization shall be for all intents and purposes as valid as the original.

_____ I acknowledge that I have read the foregoing and understand the content and import thereof.

SIGNATURE: _____ DATE: _____

FULL NAME (Please Print): _____

ADDRESS: _____
(Number & Street) (City) (State) (Zipcode)

DRIVER'S LICENSE NO. _____ EXPIRES: _____ STATE ISSUED: _____

SOCIAL SECURITY NUMBER: _____

WITNESS: _____ SIGNATURE: _____
(Please Print) (Signature of Witness)

WITNESS ADDRESS: _____ DATE: _____

FOR OFFICE USE ONLY

POSITION APPLIED FOR: _____

DEPARTMENT: _____ REQUESTED BY: _____
(Name/Department)

_____ Driving _____ Criminal

DATE OF RECORD: _____

Driving Record:

_____ Pass

_____ Fail

Fails _____ Driving Record Standards

Comments:

Criminal Record:

Comments:

SIGNATURE: _____ **SIGNATURE:** _____
(By Police Department) (By Human Resources Department)

DATE: _____ **DATE:** _____