



APPLICATION FOR EMPLOYMENT

Human Resources Department
120 E. First St., Monroe, MI, 48161
Phone No. (734) 384-9195
Fax No. (734) 243-2187
Website Address: www.monroemi.gov
An Equal Opportunity Employer

Position Applying For: _____

Date: _____

APPLICANT NOTE This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the applicant process or, if discovered after employment, terminating employment. All qualified applicants will receive considerations without discrimination because of race, religion, color, sex (including pregnancy, gender identity, and sexual orientation), parental status, national origin, age, disability, family medical history or genetic information, political affiliation, military service, or other non-merit based factors.

PERSONAL INFORMATION (please print)

Name: _____ Home Phone: _____
(Last) (First) (Middle)

Cell Phone: _____

Address: _____
(Number) (Street) (City) (State) (Zip)

Email Address: _____

Are you a U.S. citizen? Yes No

Are you at least eighteen (18) years of age? Yes No

Do you have a valid driver's license? Yes No License No. _____ (State) _____

Commercial Driver's License? Yes No Type /Endorsements _____

(Complete only if the position for which you are applying for requires a CDL)

Date available for work: _____

Type of employment desired: Full-time Part-time Temporary

Have you been convicted of a misdemeanor or felony? Yes No

If yes, please explain: _____

SECOND MOST RECENT EMPLOYER

Are you currently working for this employer? Yes No Phone Number_____

If yes, may we contact them? Yes No

Employer Name City State

From:_____To_____ Job Title_____

Supervisor's Name_____

Duties _____

Reason for Leaving:_____

THIRD MOST RECENT EMPLOYER

Are you currently working for this employer? Yes No Phone Number_____

If yes, may we contact them? Yes No

Employer Name City State

From:_____To_____ Job Title_____

Supervisor's Name_____

Duties _____

Reason for Leaving:_____

FOURTH MOST RECENT EMPLOYER

Are you currently working for this employer? Yes No Phone Number_____

If yes, may we contact them? Yes No

Employer Name City State

From:_____To_____ Job Title_____

Supervisor's Name_____

Duties _____

Reason for Leaving:_____

FIFTH MOST RECENT EMPLOYER

Are you currently working for this employer? Yes No

Phone Number _____

If yes, may we contact them? Yes No

Employer Name

City

State

From: _____ To _____

Job Title _____

Supervisor's Name _____

Duties _____

Reason for Leaving: _____

SIXTH MOST RECENT EMPLOYER

Are you currently working for this employer? Yes No

Phone Number _____

If yes, may we contact them? Yes No

Employer Name

City

State

From: _____ To _____

Job Title _____

Supervisor's Name _____

Duties _____

Reason for Leaving: _____

employment on behalf of the City of Monroe. I understand that I should not take any action in reliance on any oral statements about future employment made by any City of Monroe representative during the interview process

Immigration Control and Reform

I understand that the Immigration Reform and Control Act of November 6, 1986, requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination.

Background Investigation

I recognize that any misrepresentation or omission of act on this application may result in my immediate dismissal. I further authorize the companies, schools, entities and persons named above and all others for whom I have worked to release any information that they may have about me

I understand that my employment is subject to a background investigation. This investigation may cover employment, education, motor vehicle and criminal records checks, my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living, and finger printing. I understand that the information obtained from this investigation will be confidential, but acknowledge that such information will be disclosed to others on a need-to-know basis as appropriate. I further understand that my authorization to allow this investigation will apply to and allow the City of Monroe to conduct the background checks and investigation prior to, in conjunction with, or after I am hired. This means that the City of Monroe will be able to use my authorization to conduct one or more background checks and/or investigations in order to ensure and update periodically my personnel history. If a third party reporting agency is retained to conduct a background investigation, I will be requested to provide separate written authorization.

Controlled Substances (drugs, alcohol and other intoxicants)

I understand that pre-employment drug screening is required of newly hired employees as a condition of employment. If I am offered a job and accept that offer, I understand that I may be required to complete a drug test at a facility specified by the City of Monroe within a time period of the job offer designated by the City of Monroe. I understand that my employment status may be contingent upon the outcome of this drug test. I understand that if I refuse to submit to a drug test, or if the initial test is unreadable and I refuse to submit to subsequent test(s), or if the results of the drug test are positive, my employment with the City of Monroe will be terminated. If my drug test indicates anything other than a negative result and I am unable to continue employment, I understand that I will be paid only for hours worked.

Except as otherwise provided in a collective bargaining agreement governing my employment with the City, I understand that as a condition of my continuing employment, the City of Monroe reserves the right to require my submission to one or more tests to identify the use of or exposure to any controlled substance. I further understand that failure or refusal to submit to any controlled substance test when and as instructed by the City of Monroe will result in immediate termination of my employment. I also understand that the possession, use, sale, purchase and/or being under the influence of a controlled substance in the performance of my job duties, or when in possession of a City of Monroe owned, leased or rented vehicle, will result in my immediate termination. By my

signature below I consent to all such controlled substance tests and acknowledge that the City of Monroe is a Zero Tolerance Drug Free Workplace.

Employment At-Will

I understand that, except as otherwise provided in a collective bargaining agreement governing a position in which I may be employed, employment at the City of Monroe is on an "employment-at-will" basis. Subject to such exception, I agree that if I am hired by the City of Monroe, my employment is for an indefinite period and may be terminated at any time, for any reason or for no reason, with or without cause, by me or the City of Monroe without prior notice. I further understand and agree that, although other terms and conditions of my employment may change, this "employment-at-will" relationship will remain in effect throughout my employment with the City of Monroe, unless it is modified by the terms of a collective bargaining agreement governing my employment with the City, or is specifically modified by an express written contract that is signed by the City Manager of the City of Monroe and me. This at-will employment relationship may not be modified by an oral or implied agreement by any person, statement, act, series of events or patterns of conduct. I hereby acknowledge that these statements about the at-will nature of employment at the City of Monroe constitute the complete understanding between the City of Monroe and me regarding this subject.

Other Employment Terms

All City of Monroe facilities are non-smoking environments. Smoking is prohibited in these facilities.

I certify that I have read and understand the applicant note on page one of this form and that the answers provided by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of fact called for in this application may result in rejection of my application or discharge at any time during my employment. In addition, I agree to all terms outlined herein.

Signature of Applicant _____

Print Name_____

Date_____