

# City of St. Clair Shores

## Employment Application

27600 Jefferson  
St. Clair Shores, MI  
48081-2093  
Fax (586) 445-4313

### Applicant Information:

1. Questions must be answered to the best of your knowledge; reference to other documents (i.e. "see resume") **is not** acceptable.
2. All sections of this form must be completed or application will not be processed.

|                 |                      |                              |                      |                                |
|-----------------|----------------------|------------------------------|----------------------|--------------------------------|
| <b>Date:</b>    | <input type="text"/> | <b>Position Applied for:</b> | <input type="text"/> |                                |
| Last Name:      | <input type="text"/> | First Name:                  | <input type="text"/> | Middle: <input type="text"/>   |
| Previous Names: | <input type="text"/> | Address:                     | <input type="text"/> |                                |
| City:           | <input type="text"/> | State:                       | <input type="text"/> | Zip Code: <input type="text"/> |
| Home Phone:     | <input type="text"/> | Cell Phone:                  | <input type="text"/> | Email: <input type="text"/>    |

Are you prevented from being lawfully employed in the USA because of Visa or Immigration status?  yes  no Social Security #:

Do you have a drivers license?  yes  no State of:  License Number:

### Military Experience

|                    |                      |                 |                      |
|--------------------|----------------------|-----------------|----------------------|
| Branch of Service: | <input type="text"/> | Highest Rank:   | <input type="text"/> |
| Date Entered:      | <input type="text"/> | Discharge Date: | <input type="text"/> |

### Education

| Type of School | Name of School and Complete Mailing Address | No. Years Completed  | Major or Degree      |
|----------------|---|----------------------|----------------------|
| High School    | <input type="text"/>                        | <input type="text"/> | <input type="text"/> |
| College        | <input type="text"/>                        | <input type="text"/> | <input type="text"/> |
| Trade School   | <input type="text"/>                        | <input type="text"/> | <input type="text"/> |
| Other          | <input type="text"/>                        | <input type="text"/> | <input type="text"/> |

Have you ever been convicted of a criminal offense or any charges pending?  yes  no

If yes, please give date, nature of offense and location of the Court:

Have you ever been suspended or discharged by an employer?  yes  no

Have you been previously employed by the City of St. Clair Shores?  yes  no

**Continue on the next page**

# Previous Employment (list up to 5)

All areas of the Employment History section must be completed. Begin with the most recent employment and list all jobs in order. Account for any time lapses in your employment history. Reference to other documents (i.e. "see resume") is not acceptable.

**1. Name of Employer:**

Name of last supervisor:  Phone #:

Complete Address:

Dates of employment:  
From:  To:  Ending Salary:  Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact this employer:  yes  no

**2. Name of Employer:**

Name of last supervisor:  Phone #:

Complete Address:

Dates of employment:  
From:  To:  Ending Salary:  Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact this employer:  yes  no

**3. Name of Employer:**

Name of last supervisor:  Phone #:

Complete Address:

Dates of employment:  
From:  To:  Ending Salary:  Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact this employer:  yes  no

Continue on the next page

**4. Name of Employer:**

**Name of last supervisor:**  **Phone #:**

**Complete Address:**

**Dates of employment:**

**From:**  **To:**  **Ending Salary:**  **Last job title:**

**Reason for Leaving (be specific):**

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact this employer:  yes  no

**5. Name of Employer:**

**Name of last supervisor:**  **Phone #:**

**Complete Address:**

**Dates of employment:**

**From:**  **To:**  **Ending Salary:**  **Last job title:**

**Reason for Leaving (be specific):**

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact this employer:  yes  no

**Skills:**

**Typing:**

**Computer:**  PC  Mac  Both

**Applications (list all that apply):**

**Other Skills:**

### Please list 2 references other than relatives and previous employers

|                      |  |  |
|----------------------|--|--|
| Name                 |  |  |
| Street Address       |  |  |
| City, State Zip Code |  |  |
| Telephone            |  |  |

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

Michigan Law prohibits discrimination in employment and specifically in law enforcement and public service based on religion, race color, national origin, age, gender, marital status, arrest record or disability. If you are an individual with disabilities or impairments needing accommodations for employment, you must notify the City of St. Clair Shores within 182 days after your date of employment.

I have read and understand the above statement. \_\_\_\_\_  
(Applicant Initials)

Upon the signing of this authorization, I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment or, if employed, my dismissal. I authorize you to verify any of the information concerning my employment, education, credit, criminal and driving records with the appropriate individuals, companies, institutions or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures.

(Signed) \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Applicant)

The City of St. Clair Shores as an equal opportunity employer, is committed to compliance with federal and state laws prohibiting discrimination, on the basis of race, gender, color, religion, national origin, age, marital status, disability, veteran status, or other prohibited factors in employment. Inquiries or complaints may be addressed to the City of St. Clair Shores, Human Resource Director, 27600 Jefferson, St. Clair Shores, MI 48081-2093.