

## APPLICATION FOR EMPLOYMENT

The MSB 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, or any other protected category.

YOU MUST ANSWER ALL QUESTIONS COMPLETELY AND TRUTHFULLY. FAILURE TO DO SO WILL RESULT IN REJECTION OF YOUR APPLICATION (YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT), OR, IF NOT DISCOVERED UNTIL A LATER DATE, MAY RESULT IN DISCIPLINE OR DISCHARGE FROM EMPLOYMENT

Position Applied for: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

If you are applying for a position for which driving is a job requirement, do you presently have a valid Michigan driver's license?

Type of license:  Operator's license  Commercial Driver's license (CDL)

Driver's License No. \_\_\_\_\_

(A license check will be conducted for applicants for positions requiring a current driver's license)

Are you a relative by birth or marriage to any City of Westland elected official or full-time management employee? Yes  No

If Yes: \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Are you under 18 years of age? (If yes, attach work permit)

Yes  No

Are you currently working?

Yes  No

Are you on lay-off?

Yes  No

If yes, are you subject to recall?

Yes  No

Will you submit to a drug screening test?

Yes  No

Have you ever been employed by the City of Westland?

Yes  No

If Yes: \_\_\_\_\_

Position \_\_\_\_\_

Department \_\_\_\_\_

Dates \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?

Yes  No

(Proof of citizenship or immigration status is required upon employment)

Have you ever been fired?

Yes  No

If yes, give date, where you worked and explanation:

Have you ever been convicted of a felony?

Yes  No

If Yes, completely describe including location and date:

NOTE: A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation, and rehabilitation will be considered.

Are you capable of performing with or without reasonable accommodation (special assistance, equipment or other help), the activities involved in the job or occupation for which you have applied? Yes  No

## EDUCATION

	High School	Vocational/ Technical	College	Graduate
School Name, City/State				
Did you graduate? (If not, number of credit hours completed)	Yes <input type="checkbox"/> No <input type="checkbox"/> Credit Hours: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Credit Hours: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Credit Hours: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Credit Hours: _____
Degree/Certificate				
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.

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

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## REFERENCES

(Do not include relatives or former employers):

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## MILITARY SERVICE RECORD

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 for which you are applying? Yes  No

If Yes, what branch? \_\_\_\_\_ Rank at discharge \_\_\_\_\_

Date of discharge \_\_\_\_\_ Were you honorably discharged? Yes  No

NOTE: A dishonorable discharge from the military will not necessarily be a bar to employment.

## EMPLOYMENT HISTORY

List your most recent 4 employers.

Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			
Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			
Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			
Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			

## WAIVERS AND ACKNOWLEDGMENTS

Please read carefully before signing

1. 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, including disclosure of any disciplinary reports (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. I further authorize you to release such information when such information may be requested by any prospective or subsequent employers without the need to provide me any notice of such disclosure.
2. I understand that the use of this application does not indicate that there are positions available, nor does it imply or create an employment contract. I understand that the only employment contracts are those specifically authorized by the Municipal Service Bureau that have been reduced to writing and have been executed by both the employee and an authorized representative of the Municipal Service Bureau. Accordingly, I understand that no employment contract, either expressed or implied, for any period, is created hereby should the Municipal Service Bureau hire me.
3. If hired, I understand that my employment is at-will, and can be terminated at any time, with or without notice, for any reason at the option of either the City of Westland or me. Should the Municipal Bureau Service hire me, I agree to observe all of the City of Westland's policies, practices, and procedures currently in existence and new and revised ones that may be issued in the future.
4. I understand that any employment offer is conditional upon the result of the drug screening test, post offer pre-employment medical examination, and background investigation (when applicable based on the position sought).
5. I understand that if I have a physical, mental, or other impairment that would interfere with my ability to perform in a position but that may be accommodated by, for instance, the purchase of equipment or devices, the provision of readers or interpreters, or the restructuring or altering of work schedules, the Michigan Persons With Disabilities Civil Rights Act requires me to notify the Municipal Service Bureau in writing of need for accommodation within 182 days after I knew or should reasonably have known that the accommodation was needed.
6. I agree that any lawsuit against the City of Westland 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 six months of the event giving rise to claims or be forever barred. I waive any limitations period to the contrary. For circumstances in which the statutory period of limitations is less than six months, the statutory limit will apply.

I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS OF EACH OF THE ABOVE SIX (6) INDIVIDUAL STATEMENTS, AS INDICATED ABOVE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_