

**APPLICATION FOR EMPLOYMENT**



**AN EQUAL OPPORTUNITY EMPLOYER**

**INSTRUCTIONS:**

Please print the requested information in the spaces provided below:

Date of Application: \_\_\_\_\_ Date available to begin work: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

**PERSONAL INFORMATION**

Last Name	First	Middle	Social Security Number:
Street Address			Home Telephone: ( )
City	State	Zip Code	Business Telephone: ( )
In case of an emergency, notify:			
Name		Address	Telephone Number
* Are you legally eligible for employment in the U.S.?		Are you 18 years or older?	

If related to any City of Wixom employees, state name, department and relationship to you: \_\_\_\_\_

Have you ever been convicted of a crime?  YES (explain)  NO

(A criminal conviction record will not necessarily prohibit you from being employed.)

If YES, please list date, place, and nature of offense.

Are there any felony charges presently pending against you?  YES (explain)  NO

\* The City of Wixom conforms to the Immigration Reform and Control Act of 1986 which requires you to furnish documentation showing your identify and legal authorization to work in the United States once you have been offered employment.

**EMPLOYMENT DESIRED**

POSITION(S) APPLIED FOR:	DEPARTMENT(S):	Police <input type="checkbox"/>	Administration <input type="checkbox"/>
_____		Public Works <input type="checkbox"/>	Clerk <input type="checkbox"/>
		Fire <input type="checkbox"/>	Assessing <input type="checkbox"/>
		Building <input type="checkbox"/>	Other <input type="checkbox"/>
PAY/SALARY DESIRED: \$ _____		Library <input type="checkbox"/>	_____
		Finance <input type="checkbox"/>	_____
Kind of Work Sought:	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Seasonal <input type="checkbox"/>
If part-time or seasonal, please specify days, hours or time of year sought: _____			
_____			

## EDUCATION

Applicants for certain positions may be required to provide transcripts:

EDUCATION	NAME & LOCATION OF SCHOOL	# OF YEARS COMPLETED	SUBJECTS STUDIED	DEGREES EARNED
High School				
College/University				
Vocational/Trade/Graduate School				

## GENERAL

Do you have any special training, skills, qualifications, licenses, certifications or other experiences that relate to the position(s) applied for?

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A current drivers license is required for certain positions in the following departments: Police, Public Works, Building, Fire and Assessing. A license check will be conducted for application for positions requiring a current drivers license.

U.S. Military Service:

Branch of Service \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rank or Rating \_\_\_\_\_ Type of Discharge \_\_\_\_\_

## PHYSICAL RECORD

Medical Examinations: In accordance with the provisions of the Americans with Disabilities Act, the City of Wixom may require job applicants to undergo a medical examination after an offer of employment has been made and prior to the commencement of employment duties, and may condition the offer of employment on the results of such examination.

**I HEREBY CERTIFY THAT I AM NOT CURRENTLY ENGAGED IN THE ILLEGAL USE OF DRUGS:**

I understand that as a condition of employment, I may be required to take a pre-employment drug test for the illegal use of drugs, which may include the collection of urine samples from my person. I agree that the results of this test may be submitted to the City of Wixom, or its authorized representative, and I expressly release the collection agency and the testing laboratory from any and all liability for performing the requested test, and for communicating the results to the City of Wixom. I understand that if the results of any pre-employment drug tests are positive, it will be cause for rejection of my application or, if I am hired, that my employment with the City of Wixom may be immediately terminated.

Applicant's Signature: \_\_\_\_\_



**SIGNATURE**  
**(Read carefully before signing.)**

? I certify that the answers and information given by me in this application are true, correct and complete without qualification. I understand that the City of Wixom has the right to refuse to hire or immediately discharge me, at any time, if it discovers that I have provided incomplete, untrue, or misleading answers or information in this application or on any other documents or forms submitted at any time during my employment.

? I hereby authorize the City of Wixom to verify the answers and information given by me in this application and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions, and any other third party contacted by the City of Wixom to release to the City of Wixom any information they have regarding me without providing written notice to me.

? I authorize the City of Wixom to use any information in its possession concerning me for any purpose it deems appropriate, including disclosure of information to any third party, future employer or prospective future employer without notification to me of such disclosure; and I release the City of Wixom from any liability in connection with such use or disclosure.

? If I am hired by the City of Wixom, I understand and agree that I will be bound by the rules, regulations, policies, procedures, and other terms and conditions of employment of the City of Wixom as they are from time to time changed, with or without notice to me.

? If I am hired by the City of Wixom, I understand that I have the right to terminate my employment at any time and for any reason, with or without notice. I further understand that, except as set forth in any collective bargaining agreement, the City of Wixom can terminate the employment relationship at any time, with or without cause, with or without notice. This employment relationship exists regardless of any other written statements or policies or any other City document or verbal statement to the contrary. No one except the Library Board President can enter into any kind of employment relationship or agreement, which is contrary to the above. To be enforceable, such relationship or agreement must be in writing and personally signed by the Library Board President and myself, and be attested by the Wixom Public Library Board of Trustees.

? I agree not to commence any action or claim relating to my employment with the City of Wixom or this application for employment more than six months after termination of such employment or the date of this application, and to waive any statute of limitations to the contrary.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_