



CITY OF LATHRUP VILLAGE

27400 Southfield Road
Lathrup Village, MI 48076
248.557.2600
www.lathrupvillage.org

APPLICATION FOR EMPLOYMENT

READ THIS FORM CAREFULLY AND FOLLOW ALL INSTRUCTIONS

Read every question carefully and ANSWER EACH QUESTION ACCURATELY. An applicant may be disqualified from further processing if he/she intentionally makes a false statement of a material fact, practices, or attempts to practice, any deception or fraud in his/her application, his/her examination, or in his/her appointment.

PERSONAL DATA

DATE		SOC. SEC. NO.	(Last 4 digits only)
LAST NAME		FIRST NAME	
ADDRESS			
CITY		STATE	ZIP CODE
EMAIL			
POSITION BEING APPLIED FOR			
PHONE 1		PHONE 2	

CITIZENSHIP

Are you a U.S. Citizen or an alien authorized to work in the U.S.?	Yes (<input type="checkbox"/>)	No (<input type="checkbox"/>)
Are you 18 years of age or Older?	Yes (<input type="checkbox"/>)	No (<input type="checkbox"/>)
Have you been previously employed by the City of Lathrup Village?	Yes (<input type="checkbox"/>)	No (<input type="checkbox"/>)
Do you have any relatives who are employees of the City of Lathrup Village?	Yes (<input type="checkbox"/>)	No (<input type="checkbox"/>)

If yes, indicate name(s) and relationship(s) to you:

MILITARY

Are you a veteran of the Armed Forces of the United States?	Yes (<input type="checkbox"/>)	No (<input type="checkbox"/>)
Branch of Service	Dates of Duty: TO	
Date of Discharge	Type of Discharge	
Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves:	Yes (<input type="checkbox"/>)	No (<input type="checkbox"/>)

CONVICTION RECORD

Have you been convicted of a misdemeanor or felony in the last 5 years?	Yes (<input type="checkbox"/>)	No (<input type="checkbox"/>)
Convictions will not preclude an applicant for consideration of employment.		

Date	Offense	Place	Disposition (e.g. probation, jailed, etc.)

DRIVER'S LICENSE

Driver's License No:			
Expiration Date:			
License Type:	Operator	Chauffeur	Commercial Driver's License

EDUCATION

	NAME OF SCHOOL	CITY / STATE	DEGREE EARNED /YEAR RECEIVED	MAJOR
High School				
College (Undergraduate)				
College (Graduate)				
Other				

APPLICANT NAME**EMPLOYMENT HISTORY**

This section must be completed fully, even if a resume is attached. List present position and most recent place of employment first (include full-time, part-time, and volunteer work). List every promotion as a new job. Photocopy this page if additional space will be necessary or use a blank sheet.

Company Name	Supervisor	Telephone
Address	City/State	Zip Code
		Employed (List Month & Year) From: _____ To: _____ Number of Hours per Week:
List your Job Title & Responsibilities		Starting Salary Ending
		Reason for Leaving
Name you were employed under if different from name shown on City of Lathrup Village application.		

Company Name	Supervisor	Telephone
Address	City/State	Zip Code
		Employed (List Month & Year) From: _____ To: _____ Number of Hours per Week:
List your Job Title & Responsibilities		Starting Salary Ending
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APPLICANT NAME	
THREE (3) PROFESSIONAL REFERENCES	
NAME	
ADDRESS	
TELEPHONE (WORK)	TELEPHONE 2
EMAIL	
OCCUPATION / FIRM	
YEARS KNOWN	
NAME	
ADDRESS	
TELEPHONE (WORK)	TELEPHONE 2
EMAIL	
OCCUPATION / FIRM	
YEARS KNOWN	
NAME	
ADDRESS	
TELEPHONE (WORK)	TELEPHONE 2
EMAIL	
OCCUPATION / FIRM	
YEARS KNOWN	

Have you ever been subject to disciplinary action, dismissed from or asked to resign from any employment position? YES () NO ()

If yes, please explain (include employer, date and reason):

OPTIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application. You may wish to describe specialized training, hobbies, interests, and professional or civic activities, etc.

APPLICANT NAME _____

We may contact the employers listed in your Employment History unless you indicate those you do not want us to contact.

DO NOT CONTACT: Employer _____

Reason _____

If selected for employment, the following prescribed conditions must be met before such employment offer is considered final. All persons hired by the City of Lathrup Village must take and pass a medical examination from a City appointed physician at no cost to the applicant. The medical examination must be scheduled and taken prior to the employee's first date of employment. Before the physical examination, candidates must provide original documents establishing their employment eligibility as required under the Immigration Reform and Control Act of 1986. An investigation of past employment references and other information will be conducted. Acceptance of an offer of employment does not create a contractual obligation upon the City of Lathrup Village to continue employment in the future.

I understand that by completing this application there is no guarantee of a job interview or a job offer. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the City. I also understand that nothing in this employment application, in the City's statements or personnel guidelines or in my communications with any City official or representative is intended to create an employment contract between the City and me. Additionally, I understand that if an employment relationship is established, I have a right to terminate my employment at any time. I also understand that the City retains the right to terminate my employment at any time. Further, I understand that the City has the right to modify its policies without giving me any notice of the change(s).

I hereby authorize the City of Lathrup Village to verify all the information I have provided on my application. I also agree to execute, as a condition of employment or continued employment, any additional written authorizations necessary for the City to obtain access to and copies of records pertaining to this information. I expressly authorize the City of Lathrup Village to contact any of my prior employers and release all of those prior employers and the City of Lathrup Village from any and all liability arising from their giving information about my employment history. For purposes of the medical examination, I hereby authorize the City of Lathrup Village to access any medical histories or records pertaining to me.

The City of Lathrup Village provides is an equal opportunity employer to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, sex (including pregnancy), sexual orientation, national origin, age, disability, genetic information, marital status, height or weight, or any other characteristic protected by federal, state or local laws. We provide reasonable accommodation for qualified individuals with a disability if requested.

I certify that I can and will, upon request, substantiate all statements made by me on this application; that such statements are true, complete and correct to the best of my knowledge. I understand that a false statement, dishonest answer, misrepresentation or omission to any question will be sufficient for rejection of my application, removal of my name from the eligible list or my immediate discharge should such falsifications or misrepresentations be discovered after I am employed.

Applicant's Signature _____ Date _____
(Your legal signature; do not print)

FORWARD COMPLETED AND SIGNED APPLICATION BY DECEMBER 11, 2020:

Mail: City Administrator
City of Lathrup Village
27400 Southfield Road
Lathrup Village, MI 48076

Email: smitchell@lathrupvillage.org

Fax: 248.557.2602

CITY OF LATHRUP VILLAGE

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any duly empowered representative of the City of Lathrup Village bearing this release, or copy thereof, within one year of its date, to obtain any information in your files or other sources pertaining to my employment, military, credit or educational records and personal background including, but not limited to, academic, achievement, attendance, driver's license records, athletic, personal history, disciplinary actions and records, medical records, and credit reports or any other records you may have regarding me.

I understand that my Rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those Rights with the understanding that information furnished will be used by the City of Lathrup Village in conjunction with employment procedures.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the City of Lathrup Village. Consent is for the City of Lathrup Village to furnish such information as described above, to third parties in the course of fulfilling its official responsibilities.

I hereby indemnify and hold harmless you, as the custodian of such records, and any agency, institution or establishment which you represent including its officers, employees and related personnel, or business, both collectively or individually, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain any original writing of my signature. This waiver is valid for a period of 180 days from the date of my signature. Should there be any question as to the validity of this release, you may contact me as indicated below on this form.

I have carefully read this authorization and consent form and affirm that I fully understand its contents. I also affirm that I voluntarily consent to any background check the City of Lathrup Village may wish to conduct in connection with my application for employment. I also acknowledge that I have received a copy of the Summary of Rights under the Fair Credit Reporting Act.

PRINTED NAME	
SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE & EXP. DATE	
ADDRESS	
CITY, STATE ZIP	
TELEPHONE	

Applicant Signature

Date

Witness Signature

Date