



# 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 ( )	No ( )
Are you 18 years of age or Older?			Yes ( )	No ( )
Have you been previously employed by the City of Lathrup Village?			Yes ( )	No ( ) When:
Do you have any relatives who are employees of the City of Lathrup Village?			Yes ( )	No ( )
If yes, indicate name(s) and relationship(s) to you:				
MILITARY				
Are you a veteran of the Armed Forces of the United States?			Yes ( )	No ( )
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 ( )	No ( )
CONVICTION RECORD				
Have you been convicted of a misdemeanor or felony in the last 5 years?			Yes ( )	No ( )
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:		State Issued:		
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				

<b>APPLICANT NAME</b>		
<b>EMPLOYMENT HISTORY</b>		
<i>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.</i>		
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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Name you were employed under if different from name shown on City of Lathrup Village application.		

<b>APPLICANT NAME</b>			
<b>THREE (3) PROFESSIONAL REFERENCES</b>			
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):

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#### 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.*

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<b>APPLICANT NAME</b>	
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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](mailto: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.

<b>PRINTED NAME</b>	
<b>SOCIAL SECURITY NUMBER</b>	
<b>DRIVER'S LICENSE &amp; EXP. DATE</b>	
<b>ADDRESS</b>	
<b>CITY, STATE ZIP</b>	
<b>TELEPHONE</b>	

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date