

# Application for Employment



**City of Hamtramck**  
3401 Evaline Street  
Hamtramck, MI 48212  
313/800-5233

We are an Equal Opportunity Employer and are committed to excellence through diversity.

Applicants are considered for all positions without regard to race, creed, sex, religion, national origin, age, height, weight, marital status, veteran status or disability. Any job offer is contingent on successful completion of any required medical, psychological and substance abuse examination(s).

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

## Personal Information

Name (Last Name, First Name, Middle Initial)			Date of Application	
Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Are you legally eligible for employment in the US? * Yes <input type="checkbox"/> No <input type="checkbox"/>		Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain. <small>(A criminal conviction does not automatically disqualify you for employment.)</small>		

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

Are you related to any current City of Hamtramck employee, the mayor or current member of City Council? Yes  No

If yes, provide name and relationship:

## Position

Position You Are Applying For	Available Start Date	Desired Pay
Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Have you ever been employed by the City of Hamtramck? If yes, when? Title?		

## Education

School Name	Location	Years Attended	Degree Received	Major
High School				
College				
College				
Vocational Training				

## General

Do you have any special training skills, qualifications, licenses, certifications or other experiences that relate to the position applied for?	Please list/describe:
U.S. Military Service: From: To:	Branch of Service: Rank or Rating:

If translation services are needed to complete or understand documents, please contact the department head to request accommodations.

إذا كانت هناك حاجة لخدمات الترجمة لإكمال أو فهم المستندات، يرجى الاتصال بمشرف القسم لطلب الإقامة.

যদি নথি সম্পন্ন বা বোঝার জন্য অনুবাদ পরিষেবার প্রয়োজন হয়, অনুগ্রহ করে বাসস্থানের জন্য অনুরোধ করার জন্য ডিপার্টমেন্ট সুপারভাইজারের সাথে যোগাযোগ করুন।

# Application for Employment

## Emergency Contact

Name

Phone Number

## Medical Examination

In accordance with applicable legal requirements, the City of Hamtramck 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.

## Drug Test/Use

I HEREBY CERTIFY THAT I AM NOT CURRENTLY ENGAGED IN THE ILLEGAL USE OF DRUGS. I understand that as a condition of employment, I will be required to take a pre-employment drug test for the illegal use of drugs, which may include the collection of a urine sample. I agree that the results of this test may be submitted to the City of Hamtramck 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. I understand that if the results of any pre-employment drug test are positive, it will be cause for rejection of my application or, if I am hired, that my employment with the City may be immediately terminated.

Check here to acknowledge that you have read and understand the potential requirements of the Medical Examination and Drug Test/Use

## Employment History

Describe all positions you have held, starting with your most recent position and working back.

<b>Employer (1)</b>	<b>Job Title</b>	<b>Dates Employed</b>	
<b>Work Phone</b>	<b>Starting Pay Rate</b>		<b>Ending Pay Rate</b>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Reason for leaving</b>	<b>May we contact present employer for a reference?</b>		<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
	<b>Name &amp; title of Supervisor</b>		
<b>List of job responsibilities</b>			
<b>Employer (2)</b>	<b>Job Title</b>	<b>Dates Employed</b>	
<b>Work Phone</b>	<b>Starting Pay Rate</b>		<b>Ending Pay Rate</b>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Reason for leaving</b>	<b>Name and Title of Supervisor:</b>		
<b>List of job responsibilities</b>			
<b>Employer (3)</b>	<b>Job Title</b>	<b>Dates Employed</b>	
<b>Work Phone</b>	<b>Starting Pay Rate</b>		<b>Ending Pay Rate</b>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Reason for leaving</b>	<b>Name and Title of Supervisor:</b>		
<b>List of job responsibilities</b>			

# Application for Employment

## References

Name	Relationship to Applicant	Title / Company	Phone

## Signature Disclaimer

- 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 Hamtramck has the right to refuse to hire or immediately discharge me, at any time, if it discovers that I 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 Hamtramck 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 Hamtramck to release to the City of Hamtramck any information they have regarding me without providing written notice to me.
- I authorize the City of Hamtramck 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 Hamtramck from any liability in connection with such use or disclosure.
- If I am offered employment by the City of Hamtramck, I acknowledge that I may be required to undergo a pre-employment medical examination and/or drug test. I further understand that if the results of these tests are not satisfactory, it will be cause for rejection of this application or, if I am hired, that my employment may be immediately terminated.
- If I am hired by the City of Hamtramck, 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 Hamtramck, as they are from time-to-time changed, with or without notice.
- If I am hired by the City of Hamtramck, 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 the City of Hamtramck can terminate the employment relationship at any time for any lawful reason, with or without notice. This employment relationship exists regardless of any other written statements or policies, any other City of Hamtramck document, or any verbal statements to the contrary. No one except the City of Hamtramck's City Manager can enter into any kind of employment relationship or agreement that is contrary to the above. To be enforceable, any employment relationship or agreement that is contrary to the above must be in writing and personally signed by the City Manager and myself.
- I agree not to commence any action or claim relating to my employment with the City of Hamtramck or this application for employment more than six (6) months after the date of the challenged action or this application, and to waive any statute of limitations. I further agree that this provision does not extend any statute of limitations or filing period that is less than six (6) months. Where the statute of limitations for a claim is less than six (6) months, I understand and agree that the shorter limitations period shall apply to any such claim.
- I understand that my rights as an applicant and this application will be governed by, construed and enforced under the laws of the state of Michigan. The venue for an action will be the State of Michigan, and I consent to the jurisdiction of the courts of the State of Michigan, County of Wayne, and the U.S. District Court, Eastern District of Michigan.

<b>Name (Please Print)</b>	<b>Signature</b>	<b>Date</b>
----------------------------	------------------	-------------

Please return this application by:

Mail: Human Resources  
 City of Hamtramck  
 3401 Evaline Street  
 Hamtramck, MI 48212  
 Fax: 313/974-7973  
 Email: [hr@hamtramckcity.com](mailto:hr@hamtramckcity.com)

Any questions with respect to the position applied for should be directed to the City of Hamtramck's Human Resources department.

# Application for Employment

## **FCRA Authorization to Obtain a Consumer Report (Background/Credit Check)**

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize the city of Hamtramck and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, enter full name, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish City of Hamtramck or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
enter date

Date