Lincoln Park
MICHIGAN
1355 Southfield Road ● Lincoln Park, MI 48146
(313) 386-1800 ext. 1222 ● Fax (313) 386-3005
www.citylp.com

Print Name_____ _____
(Last) (First)

We appreciate your interest in our City and assure you that we are sincerely interested in reviewing your qualifications. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a medical condition or handicap which is not job related.

1. Filing an application does not imply that you will be interviewed or hired, but that you will be considered for vacancies in which you meet the minimum qualifications based upon your stated occupational preference.

2. Applications are considered active for one year. You may be contacted via email or US mail.

3. PLEASE PRINT

Part Time Position Applied For: ☐ Administrative Clerk

PERSONAL INFORMATION

Name _____
(Last) (First) (Middle)

Address _____
(Number) (Street) (City) (Zip)

Social Security # _____

Telephone No. (__)_____ Email address _____

■ AN EQUAL OPPORTUNITY EMPLOYER ■

Please check Yes or No for each question

Are you over 18? ☐ Yes ☐ No

Do you have the legal right to live and work in the U. S.? ☐ Yes ☐ No

If not a citizen of the United States,
do you intend to become a citizen of the United States? ☐ Yes ☐ No

Have you ever worked for the City of Lincoln Park before? ☐ Yes ☐ No

If yes, give position and dates employed: _____

Have you ever filed an application with the City of Lincoln Park? ☐ Yes ☐ No

If yes, give date _____

Do you have any relatives employed with the City? ☐ Yes ☐ No

If yes, please list:_____ _____

Are you employed now? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

On what date would you be available to work?_____

Have you, since the age of 18, ever been convicted
of a misdemeanor or felony? ☐ Yes ☐ No

If yes, please explain_____

_____

Are any criminal charges currently pending against you? ☐ Yes ☐ No

If so, please explain: _____

_____

NOTE: A conviction will not necessarily prevent you from being considered for employment. Each conviction will be evaluated on its own merit with respect to time, circumstances and seriousness.

Have you ever been dismissed from or asked to resign from any employment position? _____

If so, please explain: _____

Are you a veteran of the U. S. military service? ☐ Yes ☐ No

If yes, indicate dates of duty, whether active or reserves, and provide reasonable proof. _____

_____

_____

Do you possess a valid Michigan Driver's License? ☐ Yes ☐ No

NOTE: For most positions at the City of Lincoln Park, applicants must have and maintain a good driving record. Please complete the following:

Michigan Driver's License Number - - - -

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	Employer	Telephone ( ) -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
2	Employer	Telephone ( ) -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
3	Employer	Telephone ( ) -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
4	Employer	Telephone ( ) -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
5	Employer	Telephone ( ) -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer Number(s) _____

Reason _____

NOTE: Account for periods of time in which you were not employed. If you need additional space, please continue on a separate sheet of paper.

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma or Degree
High school			☐ 1	☐ 2	☐ 3	☐ 4	☐ Yes ☐ No	
College			☐ 1	☐ 2	☐ 3	☐ 4	☐ Yes ☐ No	
Other (Specify)			☐ 1	☐ 2	☐ 3	☐ 4	☐ Yes ☐ No	

If you attended college, did you take any courses that directly relate to the job for which you are applying?

Have you ever belonged to a club, organization, society or professional group which has a direct bearing upon your qualification for the job which you are seeking? (Do not include organizations which would reveal race, religion, physical handicap, marital status, age or ancestry.)

Please add any additional information about your special skills and qualifications which you feel may aid us in evaluating your suitability for employment.

In case of an emergency, please notify:

_____ Telephone No. ( ) _____

PLEASE PROVIDE THE FOLLOWING INFORMATION ON THREE PERSONS WHO ARE FAMILIAR WITH YOUR QUALIFICATIONS AND CHARACTERISTICS.

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) will result in discharge.

_____ _____

Signature of Applicant Date

HANDICAPPER ACCOMMODATION STATEMENT

Michigan Law requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer. Handicapped employees and applicants may request an accommodation of their handicap by notifying the City in writing of the need for accommodation within 182 days of the date the handicapper knows or should know that an accommodation is needed. Failure to properly notify the City will preclude any claim that the employer failed to accommodate the handicapper.

I have read and understand the above statement:

_____

Applicant's Initials

CITY *of* LINCOLN PARK

■ APPLICANT DATA RECORD –

(Supplement to Employment Application)

The City of Lincoln Park is an **Equal Opportunity Employer,** and qualified applications are considered without regard to race, color, religion, sex, national origin, age, handicap, marital or veteran status.

The following application information is required for the purpose of preparing periodic reports to the Federal government or other record keeping in compliance with Federal requirements. To assist us in these compliance requirements, please complete the Applicant Data Record. The submission of affirmative action information in this Data Record will be maintained in a confidential file separate from the Application for Employment.

Position Applied For: Date:

☐ Police Officer ☐ Firefighter ☐ Public Service Worker

☐ Clerical ☐ Other (Specify):

Name _____ Phone _____
(Last) (First) (Middle)

Address
_____
(Number) (Street) (City) (State) (Zip)

Check one: ☐ Male ☐ Female

Check one of the following:
Race/Ethnic Group: ☐ White ☐ Black ☐ Hispanic
☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander

Check if any of the following are applicable:

☐ Veteran ☐ Disabled Veteran ☐ Handicapped Individual

How did you become aware of this employment opportunity?

☐ City Web Site ☐ Other (explain) _____