



CITY OF YPSILANTI

APPLICATION FOR EMPLOYMENT

Return to: Human Resources Department
4th Floor, City Hall
One South Huron Street
Ypsilanti, Michigan 48197
(734) 483-1242

Failure to complete application in its entirety may result in the rejection of your application.

INSTRUCTIONS:

Please print the requested information in the spaces provided below.

Date of Application: _____ Date available to begin work: _____

PERSONAL INFORMATION

Last Name	First	Middle	Home Telephone Number ()
Street Address			Work Telephone Number ()
City, State, Zip Code			Cell Telephone Number ()
E-mail Address			Alternate Telephone Number ()

*Are you legally eligible for employment in the U.S.? Yes No Are you 18 years or older? Yes No
Police/Fire applicants only - Are you a U.S. citizen? Yes No

If related to any City employees, state name and relationship to you. _____

*The City of Ypsilanti 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 you have been offered employment.

EMPLOYMENT DESIRED

Position(s) applied for:

Department(s): Public Works
 Finance Police
 Recreation Fire Assessing
 Planning Building/Ordinance
 Other _____

Pay/Salary Desired: _____

Kind of Work Sought:

Full-time Part-time Temporary Seasonal

If part-time, temporary 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	No. of Years Completed	Course of Study	Degree Earned
High School				
College/University				
Vocational/Trade/Graduate School				

GENERAL

Please list any special training, skills, qualifications, licenses, certifications or other experiences that relate to the position(s) applied for.

Although a valid Michigan driver's license is required for all city of Ypsilanti jobs, exceptions are made for certain nondriving jobs if the applicant, who is otherwise qualified for a position for which he/she applies, is unable to obtain a license because of a physical or mental disability. A license check will be conducted.

Type of License: Operator's License Commercial Driver's License

1. License Number: _____ 3. Endorsements: _____

2. Expiration Date: _____ 4. Current Number of Points: _____

Police Applicants Only (provide copies):

Have you completed the Michigan Commission on Law Enforcement Standards (COLES) preemployment test battery? Written Yes No Date Completed _____

 Physical Yes No Date Completed _____

Have you completed a COLES approved police academy?

Name of Academy _____ Date Completed _____

Out-of-State Applicants (provide copies):

Have you completed the COLES waiver of training program? Yes No Date Completed _____

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 Ypsilanti may require job applicants to undergo a medical and/or psychological 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(s).

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 preemployment drug test for the illegal use of drugs that 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 Ypsilanti, 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 preemployment 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.

Applicant's Signature _____

EMPLOYMENT HISTORY

Please give an accurate, complete, full-time and part-time employment record. Start with current or most recent employer (*list additional employers on a separate sheet*). **This section must be completed fully, even if a resume is attached.** Please print all information.

1	Company Name	Supervisor	Telephone ()
	Street Address	City, State, Zip Code	
	List your job title and responsibilities:		Employed (List Month & Year) From _____ To _____
			Salary Starting: _____ Ending: _____
Reason for Leaving:			

2	Company Name	Supervisor	Telephone ()
	Street Address	City, State, Zip Code	
	List your job title and responsibilities:		Employed (List Month & Year) From _____ To _____
			Salary Starting: _____ Ending: _____
Reason for Leaving:			

3	Company Name	Supervisor	Telephone ()
	Street Address	City, State, Zip Code	
	List your job title and responsibilities:		Employed (List Month & Year) From _____ To _____
			Salary Starting: _____ Ending: _____
Reason for Leaving:			

4	Company Name	Supervisor	Telephone ()
	Street Address	City, State, Zip Code	
	List your job title and responsibilities:		Employed (List Month & Year) From _____ To _____
			Salary Starting: _____ Ending: _____
Reason for Leaving:			

EMPLOYMENT HISTORY CONTINUED

Have you ever been discharged or requested to resign from any job? Yes No

If YES, please explain circumstances: _____

REFERENCES

Please give the names of three persons, not related to you, whom you have known for over a year.

NAME	ADDRESS	TELEPHONE	OCCUPATION	YRS KNOWN

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 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 authorized the City to verify the answers and information given by me in this application and to make any investigation of my background deemed necessary. This includes, but is not limited to, a criminal history and driving record check. I authorize former employers, law enforcement organizations, educational institutions, and any other third party contacted by the City to release to the City any information they have regarding me without providing written notice to me.
- I authorize the City 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 from any liability in connection with such use or disclosure.
- If I am hired by the City, 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 as they are from time-to-time changed, with or without notice to me.
- If the City hires me, 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 has the right to 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 City's Human Resources Director 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 Human Resources Director, and attested to by the City Clerk.
- I agree not to commence any action or claim relating to my employment with the City of Ypsilanti or this application for employment more than one year after the date of the challenged action, or this application, and to waive any statute of limitation to the contrary.

Applicant's Signature _____ Date _____