



# APPLICATION FOR EMPLOYMENT CITY OF AUBURN HILLS

1827 N. Squirrel Road  
Auburn Hills, MI 48326  
ATTENTION: PERSONNEL DEPT.

**INSTRUCTIONS:** Please furnish complete and accurate information. Applications will be verified. You may attach a detailed resumé.

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.

## PERSONAL INFORMATION

			Date:		
Last Name (Print)		First name	Middle Initial	Telephone No.	
Present Address (No. and Street)		City	State	Zip Code	
Have you ever worked for City of Auburn Hills: <input type="checkbox"/> Yes <input type="checkbox"/> No		Department		Separation Date	
Reason for Separation		Have you ever served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch of Service	
Have you ever been court-martialed or convicted of violating any law within the last seven (7) years (excluding minor traffic fines)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Offense and Date of Conviction		Disposition	Where (City and State)
Are you legally eligible for employment in the U.S.? (Proof of citizenship or immigration status will be required upon employment) <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## EDUCATION, SPECIAL INTERESTS, QUALIFICATIONS

School	Total Years Credit	School Name City, State	Dates Attended From Mo/Yr To Mo/Yr	Course Major/Minor	Certificate Diploma Degree	Year Graduated
Grade - High (Show last attended)						
Business/ Trade School						
Colleges		1. _____ _____ _____ 2. _____ _____ _____ 3. _____ _____ _____				
List relatives (and relationship) working for City of Auburn Hills:		1. _____ _____ 2. _____ _____	Special Interests			

# POSITION DESIRED

List positions qualified for or interested in	1. _____	Would you work <input type="checkbox"/> Part Time <input type="checkbox"/> FullTime	Date you can begin?	Expected Salary or Rate?
	2. _____			

Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Under Michigan law, disabled employees and applicants may request an accommodation of their disability by notifying the city in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. Failure to properly notify the city may preclude any claim that the employer failed to accommodate the disabled individual under Michigan law.

**ADDITIONAL INSTRUCTIONS:** List employment starting with your most recent employer. Account for all periods including U.S. Armed Forces service and periods of unemployment. If necessary, attach additional sheet(s) or complete resumé.

# EMPLOYMENT INFORMATION

From Mo/Yr	To Mo/Yr	Firm Name Street Address City, State, Zip	Base Earnings \$ Per	Reason for Leaving
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Job Title and Duties

From Mo/Yr	To Mo/Yr	Firm Name Street Address City, State, Zip	Base Earnings \$ Per	Reason for Leaving
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Job Title and Duties

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Job Title and Duties

From Mo/Yr	To Mo/Yr	Firm Name Street Address City, State, Zip	Base Earnings \$ Per	Reason for Leaving
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Job Title and Duties

## PROFESSIONAL LICENSES/CERTIFICATIONS/TRAINING:

TYPE: \_\_\_\_\_ NUMBER: \_\_\_\_\_

TYPE: \_\_\_\_\_ NUMBER: \_\_\_\_\_

TYPE: \_\_\_\_\_ NUMBER: \_\_\_\_\_

List professional trade, business or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex, national origin, handicap, marital or veteran status, height, weight or age.

# REFERENCES

List in spaces provided below the names of three persons, not related to you, who have knowledge of your experience and qualifications for the position.

FULL NAME AND TITLE/POSITION	EMAIL ADDRESS	BUSINESS OR OCCUPATION PHONE	YEARS KNOWN

# ADDITIONAL INFORMATION

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

NOTE: For most positions in the Police, Fire, Public Services, Water and Parks and Recreation Departments, applicants must have and maintain a good driving record. If you are applying for a position in one of these departments, please complete the following:

Michigan Driver's License Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Have you accumulated more than four (4) points within the last three years? \_\_\_\_\_

Any other license endorsements? \_\_\_\_\_

State any additional information that you feel may be helpful to us in considering your application.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex (including pregnancy), religion, national origin, age, marital or veteran status, disability, familial status, genetic information, height, weight or any other protected status.

# AUTHORIZATION AND UNDERSTANDING:

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment, education, criminal history, credit or medical history (post-offer only), with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure as would otherwise be required under the Bullard-Plawecki Right to Know Act, 1978 PA 397. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the City Manager. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the city as they are from time to time changed, and no additional obligations can be imposed on the city except those which have been acknowledged in writing, by the City Manager or his designated representatives. I hereby authorize the city to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owed by me to the city during the course of my employment.

I agree that any action or suit against the city arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary (Should the 180 day limitations period be found to be unreasonable and unenforceable, the period of limitations shall be the minimum reasonable time in excess of 180 days.) I further agree that if I should bring any non-statutory action or claim arising out of my employment against the city, in which the city prevails, I will pay to the city any and all such costs incurred by the city in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my post offer physical (if such physical is required) are known.

I hereby consent to having a physical and/or psychological examination and/or test(s), including but not limited to drug and/or alcohol testing, conducted by a physician or other professional of the City of Auburn Hills' choice, and understand that any offer of employment is conditioned upon the results of this examination(s) and/or test(s).

Signature \_\_\_\_\_

Date \_\_\_\_\_

# SUPPLEMENTAL QUESTIONS

FOR APPLICANTS TO THE CITY OF AUBURN HILLS POLICE AND FIRE DEPARTMENTS:

List any prior training which you have completed which would be relevant to the position which you are seeking (Firefighter I or II, Basic Police Academy, Medical First Responder, C.P.R., etc.).

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List all traffic citations which you were convicted of, or pled guilty to, within the last 5 years.

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List complete information on all traffic accidents which you were involved in (whether or not you were at fault) within the last 5 years.

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**Law Enforcement Applicants Only:** Have you ever been arrested? If so, list dates, locations, and all factors relevant to the incident(s). Include any juvenile arrests and MCMJ military arrests.

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Have you ever been convicted of a crime (excluding minor traffic violations)? If so, list dates of conviction, locations of conviction, and all details of the conviction(s). Include any juvenile convictions and MCMJ military convictions.

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**Fire Department Applicants Only:** Which hours of the day and days of the week are you available for service?

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