



Application for Employment

An Equal Opportunity Employer

City of Oak Park

13600 Oak Park Blvd.

Oak Park, Michigan 48237

248.691.7410 - TDD: 248.691.7174

Instructions: Type or print in ink. Complete all questions in detail. Attach additional pages, if necessary and documents requested. This application must be received by the City Office not later than 5:00 p.m. on the last date for filing applications indicated on the announcement of the position for which you are applying. Separate application forms are required for each classification or position in which you are interested. **Incomplete applications will be disqualified**

Position or Classification applied for: _____

Name: _____ Email: _____
(Last) (First) (Middle)

Address: _____
(Number) (Street) (Apt. #)

(City) (State) (Zip)

Phone: (home) _____ Alternate _____ Best Time to Call: _____

Driver's License Number: _____ Endorsements: _____

Expiration Date: _____ Issuing State: _____

Has your driver's license ever been suspended or revoked? Yes No

Explanation _____

Are you 18 years of age or older? Yes No

Will you accept a temporary position? Yes No

Have you ever been convicted of a crime? Yes No

Other than a minor traffic violation.

If so, where and nature of offense? _____

Are there any felony charges pending against you? Yes No

Are there any job duties related to the position you are applying for that you cannot perform? Yes No

If yes, please explain: _____

Were you previously employed by us? _____ If yes, list under record of previous employment.

In case of emergency, who should be notified?

Name address phone number relationship to you

How did you find out about this job?

Job announcement

Walked in or called Personnel

Group or Organization (which one?) _____ Newspaper ad (which newspaper) _____

Other _____

School	Name & Address of School	Course of Study	Did you graduate?	List Diploma or Degree
High			Yes <input type="checkbox"/>	
			No <input type="checkbox"/>	
College			Yes <input type="checkbox"/>	
			No <input type="checkbox"/>	
Other (Specify)			Yes <input type="checkbox"/>	
			No <input type="checkbox"/>	

If you are applying for a clerical position please indicate your typing speed: _____ Words per minute

MILITARY SERVICE RECORD

Were you in U.S. Armed Forces? _____ What Branch? _____

Dates of Duty? From: _____ To: _____
Month Day Year Month Day Year

Are you claiming Veteran's Preference? _____ If so, attach DD-214 to application.

PERSONAL REFERENCES

(Not a Relative or Former Employer)

	Name	Mailing Address	Zip	Phone	Association
1.	_____				
2.	_____				
3.	_____				

EMPLOYMENT HISTORY

Directions: Review the qualifications on the announcement for this examination carefully. If work experience or specific skills are listed as qualifications, you must describe how you meet the qualifications by listing your work experience, skills, etc., in this section of the application. **BE COMPLETE AND SPECIFIC. RESUMES MAY NOT BE SUBSTITUTED.** Begin with your present or last job. List promotions or changes from part-time to full-time work hours with the same employer separately. Attach extra pages if necessary to provide a complete work history. Describe how you qualify for the examination. Resumes may be included.

Note: FAILURE TO COMPLETE THIS SECTION OF THE APPLICATION MAY RESULT IN DISQUALIFICATION. You will not be contacted to clarify this information, nor will be permitted after the official closing date of the position for which you have applied. You must include all phone numbers, addresses, etc.

EMPLOYMENT HISTORY

List Present or Most Recent Position First, then next most Recent, Ect.	Exact Title and Descriptions of Duties
Name of Employer: _____	
Address _____ Zip _____ Telephone _____	
Name of Supervisor: _____	
Department: _____	
Dates: _____ From: _____ To: _____ Kind of Business _____	
Earnings: _____ Per Hour: _____ Per Week: _____ Hours worked per week _____	
Reason for Leaving: _____	

Name of Employer: _____	Exact Title and Descriptions of Duties
Address _____ Zip _____ Telephone _____	
Name of Supervisor: _____	
Department: _____	
Dates: _____ From: _____ To: _____ Kind of Business _____	
Earnings: _____ Per Hour: _____ Per Week: _____ Hours worked per week _____	
Reason for Leaving: _____	

Name of Employer: _____	Exact Title and Descriptions of Duties
Address _____ Zip _____ Telephone _____	
Name of Supervisor: _____	
Department: _____	
Dates: _____ From: _____ To: _____ Kind of Business _____	
Earnings: _____ Per Hour: _____ Per Week: _____ Hours worked per week _____	
Reason for Leaving: _____	

Name of Employer: _____	Exact Title and Descriptions of Duties
Address _____ Zip _____ Telephone _____	
Name of Supervisor: _____	
Department: _____	
Dates: _____ From: _____ To: _____ Kind of Business _____	
Earnings: _____ Per Hour: _____ Per Week: _____ Hours worked per week _____	
Reason for Leaving: _____	

READ THE FOLLOWING CAREFULLY AND SIGN BELOW

I understand and agree that information provided in this application will be relied upon by the City of Oak Park in considering me for employment, and I certify that all information is true and that I have not knowingly omitted any requested information. I further understand that any false or misleading statements or omissions made by me on this application or other city records may subject me to disqualification from consideration or dismissal at any time during my employment.

I hereby authorize the City of Oak Park to make a thorough investigation of my past employment and activities. I agree to cooperate in such investigation and I release the City and any person or organization supplying information to the City in connection with such investigation of and from liability in connection with the furnishing or use of such information.

I understand that as a condition of employment by the City of Oak Park, I must successfully pass a complete driving/criminal background investigation and possibly a medical screening.

The law requires that a person with disabilities needing accommodations for employment must notify thee employer, in writing, within 182 days after the need is known. If you need accommodations in order to take a test during the recruitment process, you must notify the Personnel Office, in writing, of the need for accommodations within 6 days of notice of the exam.

I understand that if I am hired, that my employment is terminable, at will, and as such, I realize that I m ay be discharged with or without cause. This is the only employment contract that the City has represented to m e and I understand that no oral represen tations or written statements contained in personnel policies are intended to or may be interpreted as, superseding or contradicting the term of this "at will" employment contract.

Date: _____ Signature: _____

THE CITY OF OAK PARK IS AN EQUAL OPPORTUNITY EMPLOYER



The City of Oak Park, upon reasonable advance notice, will provide support and make reasonable accommodations to assist people with disabilities to access facilities and participate in City services.