

**CITY OF DEARBORN HEIGHTS** 

The City of Dearborn Heights is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected category.

## APPLICATION FOR EMPLOYMENT

## YOU MUST ANSWER ALL QUESTIONS COMPLETELY. FAILURE TO DO SO WILL RESULT IN REJECTION OF YOUR APPLICATION AND YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT. Position applied for (circle one): POLICE OFFICER FIREFIGHTER

Name:			
Last	First		Middle
Address:			
Street	City	State	Zip Code
Telephone: (home)		Social Security Numbe	r:
(cell, if applicable)			
Are you a relative by birth or marriage to any City of time/part-time employee? (Circle one) YES	of Dearborn Hei NO	ghts elected official, full-tim	ne management or full
Name	Re	ationship	
Are you under 18 years of age?		Yes $\Box$	No 🗆
Are you currently working?		Yes 🗆	No 🗆
Are you on layoff?		Yes 🗆	No 🗆
If yes, are you subject to recall?		Yes 🗆	No 🗆
Will you submit to a drug screening test?		Yes 🗆	No 🗆
Have you ever been employed by the City of Dearborn	n Heights?	Yes $\Box$	No 🗆
If yes: Department			
Position Department	Dat	tes	
Are you prevented from lawfully becoming employ	ed in this		N. —
country because of Visa or Immigration Status? (Proof of citizenship or immigration status may be requested upon employment)		Yes $\Box$	No 🗆
Have you ever been fired?		Yes $\Box$	No 🗆
If yes, give date, where you worked and explanation	n:		
Have you ever been convicted of a felony?		Yes 🗆	No 🗆

NOTE: A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation, and rehabilitation will be considered.

Are you capable of performing with or without reasonable accommodation (special a	assistance, equipment or other help),
the activities involved in the job or occupation for which you have applied?	Yes 🗌 No 🗆

Describe how you would perform the job functions involved in the job or occupation for which you have applied.

## MOTOR VEHICLE OPERATION

Operation of a motor vehicle is an integral part of the position of Police Officer/Firefighter. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

Michigan driver's license number:	Expiration date:
Name under rubich license is grouted.	
Name under which license is granted:	

Please list other states where you have been licensed to operate a motor vehicle:				
STATE:	STATE:	STATE:	STATE:	
Name under which license was granted:	Name under which license was granted:	Name under which license was granted:	Name under which license was granted:	
Have you ever been refused a driver's license by any state?YesNo				
If Yes, please explain below (in	nclude when, where, why).			

Please list all traffic citat	tions (excl	uding parking cita	tions) you have re	ceived wi	thin the last five (5) years:
Nature of Violation	Location	n (City)	Approximate Dat	e	Indicate whether fined or action taken on driver's license
Have you ever been	involved a	as a driver in a mo	tor vehicle accider	t within t	he last five (5) years?
Yes $\Box$ No $\Box$ If yes, please g	ive details	below:			
Date:		Location:		🗆 Injury	
				□ Non-I	njury
Date:		Location:		🗆 Injury	
				□ Non-I	njury
Date:		Location:		🗆 Injury	
				□ Non-I	njury
Date:		Location:		🗆 Injury	
				□ Non-I	njury

1	EDUCATION	1	
HIGH SCHOOL	VOCATIONAL/	COLLEGE	GRADUATE
	TECHNICAL		
Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆
		TECHNICAL	HIGH SCHOOL VOCATIONAL/ COLLEGE TECHNICAL

Describe any specialized training, apprenticeships, internships, skills, licenses, certificates, and extra-curricular activities that pertain to the position(s) for which you are applying:

List professional, trade, business group memberships and offices held and volunteer work, excluding the groups name and character of which indicate race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected class:

MILITARY SERVIO	CE RECORD		
the Armed Forces of the Un	nited States of America or in a	State Natio	onal
	ank at discharge		
V	Vere you honorably discharged?	Yes 🗆	No 🗆
	the Armed Forces of the Un	Rank at discharge	the Armed Forces of the United States of America or in a State Natio

## EMPLOYMENT HISTORY

List each job held. Start with you	r present or last job firs	st.	
Employer	Dates		Work Performed
	From	То	
Address & Telephone			
Job Title	Hourly Ra	ate/Salary	
	Start	Final	
Supervisor			
Reason(s) for leaving:			
Employer	Da	tes	Work Performed
	From	То	
Address & Telephone			
Job Title	Hourly Ra	ate/Salary	
	Start	Final	
Supervisor			
Reason(s) for leaving:			
Employer	Da	tes	Work Performed
	From	То	
Address & Telephone			
Job Title	Hourly Ra	ate/Salary	
	Start	Final	
Supervisor			
Reason(s) for leaving:			
Employer	Dates		Work Performed
	From	То	WORK I GROTING
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for leaving:			

7. In consideration of my employment, I agree to the rules and regulations of the City of Dearborn Heights. I further acknowledge I will be on probationary status for a minimum of 180 days from my date of hire. As a probationary employee, I understand my employment and compensation can be terminated at any time with or without cause and with or without notice at the option of either the City or myself. I understand that no officer or representative of the City has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the Mayor of the City and any such agreement must be made in a signed writing directed to me personally.

I further understand that after my probationary period ends I will be subject to the terms and conditions of the collective bargaining agreement between the City and my unit. I acknowledge that no one has made any representations or statements contrary to the City's probationary at-will policy to me or about the City's economic outlook or stability either orally or in writing, and I acknowledge that no one has the authority to make such representations or statements to the contrary in the future.

Date \_\_\_\_\_

8. I agree that any lawsuit against the City arising out of my employment or termination of employment, including but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within one year of the event giving rise to the claims or be forever barred. I waive any limitations period to the contrary.

Signature	

Date \_\_\_\_\_