

Application for Employment

With Time For You

Since 1879

City of Richmond



36725 Division Road · P.O. Box 457 · Richmond, Michigan 48062
Office: (586) 727-7571 · Fax: (586) 727-2489
www.cityofrichmond.net

PLEASE PRINT OR TYPE

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation for the application and/or interview process should notify the Office of the City Manager at (586) 727-7571.

Position(s) applied for: _____ Date of Application: ___/___/___

Name: _____ Social Security #: ___-___-___
Last First Middle

Address: _____
Number Street PO Box City State Zip Code

Telephone No.: (____) _____ Mobile No.: (____) _____ E-mail: _____

If you are under 18 years of age, and it is required, can you furnish a valid work permit?..... Yes No
If no, please explain: _____

Have you ever been employed with the City of Richmond before?..... Yes No
If yes, give dates and positions: _____

Are you legally eligible for employment in the United States of America?..... Yes No

Date available for work: ___/___/___ What is your desired salary range? \$ _____

Type of employment desired: Full-time Part-Time Temporary Seasonal Educational Co-Op

Are you able to meet the attendance requirements of the position?..... Yes No

Have you ever pled 'guilty' or 'no contest' to, or been convicted of, a crime?..... Yes No
If yes, please provide date(s) and details: _____

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be taken into consideration.

Driver's license number if driving is an essential job function: _____ State: _____

Employment History

Starting with your most recent employer, assignments, or volunteer activities, please provide the following information:

From (Month/Year)	To (Month/Year)	Employer	Telephone #
Starting job title/final job title:		Street Address	City State Zip
Immediate supervisor's name and title:		Summarize the nature of work performed and job responsibilities:	
May we contact this employer for a reference? __ Yes __ No __ Later		Compensation: __ Hourly __ Salary Start \$ per Final \$ per	
Reason for Leaving:		__ Commission __ Bonus \$ (est.)	

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Skills and Qualifications

Word Excel MS Office Power Point BS&A Software (Equalizer for Assessing/Taxes/Building)
 FundBalance (Accounts Payable/Accounts Receivable/Utility Billing/Payroll) ArcView/GIS Internet

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

Educational Background (if job related)

School (include City and State)	Years Completed	Level of Completion	Course of Study
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree:	
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree:	
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree:	
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree:	

References

Name	Title	Relationship to Candidate	Telephone Number	Number of Years Known
			()	
			()	
			()	
			()	
			()	

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the City of Richmond is true, complete, and correct.

I expressly authorize, without reservation, the City of Richmond, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the City of Richmond, its agents, employees, or representatives for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that the City of Richmond does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only six (6) months. At the conclusion of that time, if I have not heard from the City of Richmond and still wish to be considered for employment, it will be necessary to reapply and fill out a new application for employment.

If I am hired, I understand that my employment is at-will and, as such, I am free to resign at any time, with or without cause and with or without prior notice, and the City of Richmond reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the City of Richmond is authorized to make any assurances to the contrary and that no implied, oral, or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the City Manager.

I also understand that, if I am hired, I will be required to provide proof of identity and legal authority to work in the United States of America and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect will be sufficient cause to (1) cancel further consideration of this application for employment; or (2) immediately terminate my employment with the City of Richmond upon discovery of such information.

Do not sign until you have read the above Applicant Statement.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____

Date: ____/____/____