

# General Job Application

Please take your time to fill out all areas of the application. Be as complete and accurate as possible. If there is a question you are unsure of, leave it blank. If you are notified that a field is required, please complete it to the best of your knowledge before submitting.

## Personal Information

<b>Position Title</b>		<b>Date</b>
<input type="text"/>		<input type="text"/>
<b>First Name *</b>	<b>Middle Name</b>	<b>Last Name *</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Address *</b>	<b>City *</b>	<b>State *</b>
<input type="text"/>	<input type="text"/>	-Please Select State- ▼
<b>Zip Code *</b>	<b>Drivers License Number</b>	<b>State *</b>
<input type="text"/>	<input type="text"/>	-Please Select State- ▼
<b>E-mail Address *</b>		
<input type="text"/>		
<b>Primary Phone Number *</b>	<b>Business Phone</b>	<b>Cell Phone</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Date You Can Start Work</b>	<b>Salary Desired</b>	
<input type="text"/>	<input type="text"/>	

**Are you a current Sterling Heights employee? \***  
 Yes  No

**Are you a former Sterling Heights employee? \***  
 Yes  No

**If yes, when?**  **Position Held**

**Are you at least 18 years of age? If under 18, proof of eligibility to work (work permit) will be required. \***  
 Yes  No

**Have you applied to Sterling Heights in the last year? \***  
 Yes  No

**If yes, indicate position(s) and date(s):**

**Are you legally eligible for employment in the United States? Proof of citizenship or immigration status will be required upon employment. \***  
 Yes  No

**Are you a veteran of the US Military? If yes, indicate branch of service and rank: \***  
 Yes  No

**If yes, indicate branch of service and rank:**

**Have you ever convicted a crime? \***  
 Yes  No

**If yes, indicate when, where and the nature of the offense:**

A conviction record will not necessarily be a bar to employment and other factors such as age and time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account.

Have you ever been employed under a name other than the one you use now? \*

Yes  No

If yes, list name(s):

Are you related to anyone employed by, or an elected official of, Sterling Heights? \*

Yes  No

If yes, provide the person's name, department and your relationship:

Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation? \*

Yes  No

If no, explain

### Education and Training

Submit proof of degree or certification for all relevant post-secondary studies.

High School

Name of High School

Location of High School (city and state)

Did you graduate? \* If no, do you have a GED? Are you in High School now? Current Grade:

Yes  No

Yes  No

Yes  No

Vocational/Technical Training

1. Name of School

Location of School (city and state)

Course of Study or Certification Received

Did you graduate?

Yes  No

Number of weeks attended:

Number of hours per week:

2. Name of School

Location of School (city and state)

Course of Study or Certification Received

Did you graduate?

Yes  No

Number of weeks attended:

Number of hours per week:

Undergraduate (Include Community College)

1. Name of School

Location of School (city and state)

Course of Study (MAJOR)

Did you Graduate?

Yes  No

If yes: Type of Degree (i.e. BA/BS)

If no: Number of credits completed

2. Name of School

Location of School (city and state)

Course of Study (MAJOR)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Did you Graduate?	If yes: Type of Degree (i.e. BA/BS)	If no: Number of credits completed
<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
3. Name of School	Location of School (city and state)	Course of Study (MAJOR)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Did you Graduate?	If yes: Type of Degree (i.e. BA/BS)	If no: Number of credits completed
<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>

Graduate

1. Name of School	Location of School (city and state)	Course of Study (MAJOR)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Did you graduate?	If yes: Type of Degree (i.e. MA/MS)	If no: Number of credits completed
<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
2. Name of School	Location of School (city and state)	Course of Study (MAJOR)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Did you graduate?	If yes: Type of Degree (i.e. MA/MS)	If no: Number of credits completed
<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>

Other Skills

Other Skills, Certifications, Licenses or Registrations:

Other Training Received

Employment History

List your employment history for at least the last 15 years. Include ALL JOBS you have held in this period beginning with your current or most recent job. List each job you held with the same employer separately. Attach additional pages if necessary.

1. Current or Most Recent Employer *	Address *	
<input type="text"/>	<input type="text"/>	
City *	State *	Zip *
<input type="text"/>	<input type="text" value="-Please Select State-"/>	<input type="text"/>
Supervisor's Phone Number *	Start Date *	Termination Date *
<input type="text"/>	<input type="text"/>	<input type="text"/>

--	--	--

Reason For Leaving \*

Starting Salary \*

Final Salary \*

Job Title (present or last) \*

Name Of Supervisor \*

Average Hours per Week \*

May we contact this employer? \*

Yes  No

Describe what you did \*

2. Next Most Recent Employer

Address

City

State

Zip

Supervisor's Phone Number

Start Date

Termination Date

Reason For Leaving \*

Starting Salary

Final Salary

Job Title (present or last)

Name Of Supervisor

Average Hours per Week

May we contact this employer? \*

Yes  No

Describe what you did

3. Next Most Recent Employer

Address

City

State

Zip

<input type="text"/>	-Please Select State- ▼	<input type="text"/>
----------------------	-------------------------	----------------------

<b>Supervisor's Phone Number</b>	<b>Start Date</b>	<b>Termination Date</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Reason For Leaving \***

<b>Starting Salary</b>	<b>Final Salary</b>	<b>Job Title (present or last)</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Name Of Supervisor</b>	<b>Average Hours per Week</b>	<b>May we contact this employer?</b>
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

**Describe what you did**

**4. Next Most Recent Employer**      **Address**

<input type="text"/>	<input type="text"/>
----------------------	----------------------

<b>City</b>	<b>State</b>	<b>Zip</b>
<input type="text"/>	-Please Select State- ▼	<input type="text"/>

<b>Supervisor's Phone Number</b>	<b>Start Date</b>	<b>Termination Date</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Reason For Leaving \***

<b>Starting Salary</b>	<b>Final Salary</b>	<b>Job Title (present or last)</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Name of Supervisor</b>	<b>Average Hours per Week</b>	<b>May we contact this employer?</b>
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

**Describe what you did**

**Additional Information (i.e. work schedule availability, special skills, relevant military or voluntary experience)**

**Applicant Statement**

I understand and agree that information provided in this application will be relied upon by the City of Sterling Heights 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 will subject me to disqualification from consideration or dismissal at any time during my employment.

I hereby authorize the City of Sterling Heights to make a thorough investigation of my past employment, driving record, criminal conviction records, and educational attainment. 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 Sterling Heights, I must successfully pass a medical screening, including an alcohol/drug test. Applicants testing positive for illegal drugs, unauthorized prescription drugs or alcohol will not be hired by the City.

I understand that the U.S. Government requires the City to verify my eligibility for employment in the United States and my identity. I further understand that the City must decline to hire me if I fail to present adequate proof of my eligibility and identity.

I understand all conditions of employment including, but not limited to, hours, benefits, and salary are subject to change at any time.

I have been advised and I am fully aware that I must become a resident of Macomb County and/or reside within 20 miles of the municipal boundaries within six months from date of hire if employed in a full-time capacity and that I must remain as such while employed by the City.

The law requires that a disabled person needing accommodations for employment must notify the 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 Human Resources Office in writing of the need for accommodations within six days of the exam.

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

I Agree \*

**Signature \***

**Date \***