



Application for Employment

Part-time/Temporary

Human Resources Department
500 W Big Beaver Rd
Troy, MI 48094
248-680-7296
www.troymi.gov

Instructions: Complete all sections, even if you attach a resume. Applications can be sent to apply@troymi.gov or turned into the address above.

General Information

| | | | | | |
|---|--|---|---|---|---------------|
| POSITION TITLE | | | DATE | | |
| LAST NAME | | FIRST | MIDDLE | | NICKNAME |
| ADDRESS | | | | DRIVER LICENSE NUMBER | STATE |
| CITY | | | STATE | ZIP CODE | EMAIL ADDRESS |
| PRIMARY PHONE NUMBER Indicate: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | | ALTERNATE PHONE NUMBER Indicate: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | | DATES YOU CAN WORK (mm/dd/yy) START _____ / _____ / _____ END _____ / _____ / _____ | |
| WEEKLY SCHEDULE AVAILABILITY (<u>specify days and start/end times you are available to work</u>) | | | | | |
| Monday | | Tuesday | | Wednesday | |
| Start: _____ | | Start: _____ | | Start: _____ | |
| End: _____ | | End: _____ | | End: _____ | |
| Thursday | | Friday | | Saturday | |
| Start: _____ | | Start: _____ | | Start: _____ | |
| End: _____ | | End: _____ | | End: _____ | |
| Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If under 18, proof of eligibility to work (work permit) will be required.</i> | | | Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of citizenship or immigration status will be required upon employment.</i> | | |
| Are you a current City of Troy employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you applied to the City of Troy in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate position(s) and date(s): _____ | | | Are you a former City of Troy employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: _____ Position(s) Held: _____ | | |
| Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate when, where and the nature of the offense: _____ | | | <i>A conviction record will not necessarily be a bar to employment; age and time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account.</i> | | |
| Are you related to anyone employed by, or an elected official of, the City of Troy? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____ | | | | | |
| Skills, Certifications, Licenses, and other Training: | | | | | |

Education

| | | |
|----------------------------|--|--|
| HIGH SCHOOL: | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| LOCATION (City, State): | If no, do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | If no, are you in High School now? <input type="checkbox"/> Yes | Current Grade: _____ |
| COLLEGE/UNIVERSITY: | COURSE OF STUDY (MAJOR) | Currently Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| LOCATION (City, State): | | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Type of Degree (i.e. BA/BS): _____ |
| | | Number of credits completed: _____ |
| COLLEGE/UNIVERSITY: | COURSE OF STUDY (MAJOR) | Currently Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| LOCATION (City, State): | | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Type of Degree (i.e. BA/BS): _____ |
| | | Number of credits completed: _____ |

Employment History – Indicate most recent jobs held. Attach an additional sheet, if necessary.

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|--|-----------|---|--|
| JOB 1 – CURRENT OR MOST RECENT EMPLOYER | | EMPLOYMENT DATES (mm/yy) START ____/____/____ END ____/____/____ | |
| COMPANY NAME and LOCATION (City, State) | JOB TITLE | CURRENTLY EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME AVERAGE WORK HOURS/WEEK |
| DESCRIBE WHAT YOU DO/DID | | WAGE | |
| | | REASON FOR LEAVING | |
| JOB 2 – NEXT MOST RECENT EMPLOYER | | EMPLOYMENT DATES (mm/yy) START ____/____/____ END ____/____/____ | |
| COMPANY NAME and LOCATION (City, State) | JOB TITLE | CURRENTLY EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME AVERAGE WORK HOURS/WEEK |
| DESCRIBE WHAT YOU DO/DID | | WAGE | |
| | | REASON FOR LEAVING | |
| JOB 3 – NEXT MOST RECENT EMPLOYER | | EMPLOYMENT DATES (mm/yy) START ____/____/____ END ____/____/____ | |
| COMPANY NAME and LOCATION (City, State) | JOB TITLE | CURRENTLY EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME AVERAGE WORK HOURS/WEEK |
| DESCRIBE WHAT YOU DO/DID | | WAGE | |
| | | REASON FOR LEAVING | |

Additional Information (i.e. volunteer experience, military, etc.):

ATTENTION - THIS STATEMENT MUST BE SIGNED

I authorize the references and previous employers listed above to give you any and all information concerning any previous employment and pertinent information they may have, personal or otherwise. I release all parties from all liability and from all damages that may result. I specifically waive any rights to be notified under Section 6(3)(a) of the Michigan Bullard-Plawecki Act of the release of personnel file information by prior employers and of the release of personnel file information to prospective employers by the City of Troy. All of the statements provided by me in this Employment Application are subject to investigation by the City of Troy. I understand that a false answer to any question in this Application constitutes grounds to not employ me or grounds to terminate my employment, if hired.

If applying for a position in the Troy Police Department, I understand I am subject to a full background investigation, including finger print checks, a review of police and arrest records, and a review of any criminal conviction history. If applying for a position which involves working with children, I understand that I am subject to a background investigation which will include a review of any criminal conviction history.

I understand that neither this document nor any offer of employment constitutes a contract of employment. In consideration of my employment, I agree to conform to the rules and regulations established by the City of Troy. Further, I understand and agree that my employment is for no definite period of time and my employment and compensation can be terminated at any time, with or without cause, with or without notice, and without regard to the date of payment of my wages or salary, at the option of either the employer or myself. I understand that no employee has the authority to enter into any agreement to employ, an agreement for employment for any specific period of time, or make any agreement contrary to the foregoing, unless contained in an applicable collective bargaining agreement or individual employment agreement signed by myself and the City Manager.

Unless employed under a collective bargaining agreement, I further 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.

I further understand that to benefit from the protections of the Michigan Handicappers' Civil Rights Act, MCL 37.1101, et seq., I must notify the City in writing of the need for a handicap accommodation within 182 days of the date I knew or should have known that an accommodation was needed.

APPLICANT SIGNATURE _____ **DATE SIGNED** _____