

Employment History – indicate most recent jobs held. Attach additional sheets if necessary.

JOB 1 – CURRENT OR MOST RECENT EMPLOYER	EMPLOYMENT DATES (mm / yy) START ____/____/____ END ____/____/____	
COMPANY NAME and LOCATION (City, State)	JOB TITLE	FULL-TIME or PART-TIME
DESCRIBE WHAT YOU DO/DID		REASON FOR LEAVING
JOB 2 – NEXT MOST RECENT EMPLOYER	EMPLOYMENT DATES (mm / yy) START ____/____/____ END ____/____/____	
COMPANY NAME and LOCATION (City, State)	JOB TITLE	FULL-TIME or PART-TIME
DESCRIBE WHAT YOU DO/DID		REASON FOR LEAVING
JOB 3 – NEXT MOST RECENT EMPLOYER	EMPLOYMENT DATES (mm / yy) START ____/____/____ END ____/____/____	
COMPANY NAME and LOCATION (City, State)	JOB TITLE	FULL-TIME or PART-TIME
DESCRIBE WHAT YOU DO/DID		REASON FOR LEAVING

EXPERIENCE- (Check the boxes of all tasks you have performed and tools you have used)

<input type="checkbox"/> General Landscaping	<input type="checkbox"/> Lawn Mower - Walk Behind	<input type="checkbox"/> Circular Saw	<input type="checkbox"/> Power Drill
<input type="checkbox"/> Spreading Mulch/Top Dressing	<input type="checkbox"/> Lawn Mower - Riding	<input type="checkbox"/> Hand Saw	<input type="checkbox"/> Sledge Hammer
<input type="checkbox"/> Painting	<input type="checkbox"/> Weed Whip or Edger	<input type="checkbox"/> Belt Sander	<input type="checkbox"/> Socket Wrench

EXPERIENCE (List any other power tools or equipment you can operate and any large or small landscaping, home improvement or similar projects you have done)

NARRATIVE (List here or attach a separate page with a statement as to why you are interested in this position)

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 (sign in ink) _____ **DATE SIGNED** _____