



**EDUCATION**

Please circle the highest grade completed.    9    10    11    12    13    14    15    16+

NAME	CITY/STATE	DATES	DIPLOMA / DEGREE
COLLEGE			
HIGH SCHOOL			
OTHER			

**SECURITY**

List states and countries of residence for the past ten years. \_\_\_\_\_

\_\_\_\_ YES    \_\_\_\_ NO    Have you ever used any names or Social Security Numbers other than those listed on this application? Please list: \_\_\_\_\_

\_\_\_\_ YES    \_\_\_\_ NO    Have you ever filed for bankruptcy or had civil claims filed against you? If yes, please explain on a separate sheet of paper.

\_\_\_\_ YES    \_\_\_\_ NO    Have you ever failed a drug or alcohol test administered to you by another employer?

\_\_\_\_ YES    \_\_\_\_ NO    Have you ever been arrested, convicted of a felony and/or been incarcerated? If so, please describe below. Use additional paper if necessary. (In accordance with city policy this information will be reviewed for job relatedness and time since last conviction.)

TYPE OF INCIDENT	CITY/STATE	CHARGE
1.		
2.		

If you are under 18 years of age, can you furnish a work permit?    \_\_\_\_ YES    \_\_\_\_ NO

Have you ever been terminated by an employer? If yes, when, why, and by whom? \_\_\_\_\_

**JOB-RELATED SKILLS**

List languages in which you are fluent: \_\_\_\_\_

\_\_\_\_ YES    \_\_\_\_ NO    Do you have a valid Michigan Drivers License?

\_\_\_\_ YES    \_\_\_\_ NO    Have you had any moving violations? Please describe \_\_\_\_\_



<b>Job Title:</b> _____ <b>List your responsibilities:</b>  	<b>Reason for Leaving:</b>  
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**PERSONAL REFERENCES**

**Include only individuals familiar with your work ability. Do not include relatives.**

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		

**REFERRAL SOURCE**

_____ Advertisement	_____ Walk-In	_____ City Website
_____ Friend	_____ Employment Agency	_____ Other Website
_____ Relative	_____ Other	_____

**CERTIFICATION AND RELEASE**

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the city and/or its agents, including consumer reporting bureaus, to verify any of this information including but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal and recreational drugs is prohibited during employment and that the City has a Zero Tolerance Drug Policy. If city policy requires, I am willing to submit to drug testing to detect the use of illegal and recreational drugs prior to and during employment. Furthermore, I agree that any lawsuit against the City of Romulus and/or its agents arising out of my employment application or employment or termination of employment, including, but not limited to claims arising out of State and Federal civil rights statues, must be brought within time limits or forever be barred: (a) for a lawsuit requiring a notice of right to sue from the EEOC, within 90 days after the EEOC issues that notice, or (b) for all other lawsuits within (i) 180 days of the event(s) giving rise to the claim, or (ii) the time limit specified by statues, whichever is shorter. I waive any statute of limitations that exceed these time limits.

Signature	Date
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# City of Romulus Release of Information

## To Whom It May Concern:

I hereby authorize any representative of the City of Romulus bearing this release to obtain information from your files or other sources pertaining to my personal background including, but not limited to, academic, athletic, achievement, attendance, or personal history, disciplinary action, credit or any other records you may have regarding me. I hereby direct you to release such information upon the request of the bearer. This release is executed with the full knowledge and understanding that this information is for the official use of the City of Romulus. I hereby release you, the institution or establishment which you represent including its officers, employees, and related personnel both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below:

**Full Name:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
\_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**