Employment Application City of Highland Park Michigan An Equal Opportunity Employer

Position applied for			Date				
Last name							
Street Address							
-		State ZIP Social Security #					
Email							
How long have you lived at this add							
Previous address							
Birth Date (mi		iow iong ara y	<u> </u>				
Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You will be required to provide documentation.) ☐ Yes ☐ No							
Have you ever been bonded? \square Ye	s 🗖 No						
Do you have any mental or physical problems which may limit your ability to perform the particular job for which you are applying? Yes No If yes, please explain:							
Have you ever received compensation for injuries? ☐ Yes ☐ No If yes, please explain:							
Have you ever been convicted of a f □ Yes □ No	elony? (This will not	necessarily aff	ect your application.)				
If yes, please describe conditions							

Education

School Name and Location			Year	Major	Degree	
High School					,	
College						
Post-College						
Other Training						
	ork history, are there other skil					
Employment His	story (start with most recent em	ployer)				
Company Name						
Address		Telephone				
Date Started	Starting Wage	Starting	Starting Position			
Date Ended	Ending Wage	Ending Position				
Name of Supervisor						
May we contact? □	Yes □ No					
Responsibilities						
Reason for leaving _						
Company Name						
Address		Teleph	Telephone			
Date Started	Starting Wage	Startin	Starting Position			
Date Ended	Ending Wage	Endin	g Positi	on		
Name of Supervisor						
May we contact? □	Yes 🗖 No					
Responsibilities						
Reason for leaving _						

Military S	Service			
Have you e	ver served in the	Armed Forces?	Yes □ No	
Which Brand	ch?		Date of Service	until
☐ Active	☐ Reserve	Are you curr	rently on <u>Active</u> Reserve?	☐ Yes ☐ No
Discharge:	☐ Honorable	☐ General	☐ Dishonorable	
Personal		excluding former e	mployers and relatives) ADDRESS	PHONE
Fmargan	cy Contact			
Name	•			Phone
Address				Phone
to the best this applic	of my knowled ation shall be c horized to mak	ge. I understa onsidered suff	nd that if I am employ icient cause for dismi	ment are true and complete yed, false statements on ssal. This company is acational and employment
Signatur	e			Date
Complete a		City of Highlar	nd Park rces Department	
	1	12050 Woodw	ard Avenue MI 48203-3578	-
	7	Гelephone: (3	13) 252-0050 x241	