



City of Westland
 36300 Warren Rd, Westland, MI 48185
www.cityofwestland.com
 Phone: (734) 467-3263
 Fax (734) 422-1214
 Email: Personnel@cityofwestland.com

Application #: _____
 Date Rcv'd: _____

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Position Applied for: _____

If applying for a position for which driving is a job requirement, do you presently have a valid Michigan driver's license?
 Yes No Type of License: Operator CDL Please list all CDL Endorsements: _____

Are you a citizen of the United States: Yes No If no, are you authorized to work in the U.S.? Yes No

Are you a relative by birth or marriage to any City of Westland elected official or management employee? Yes No
 If Yes, Name of relative: _____ Relationship: _____

Have you ever worked for the City of Westland? Yes No If yes, dates: _____

Are you capable of performing with or without reasonable accommodation (special assistance, equipment or other help), the activities involved in the job for which you have applied? Yes No

Have you ever been convicted of a felony? Yes No
 If yes, explain: _____

Note: A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation, and rehabilitation will be considered.

References

PLEASE PROVIDE 3 REFERENCES - DO NOT INCLUDE RELATIVES

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Vocational/Technical: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

WAIVERS AND ACKNOWLEDGMENTS

1. I authorize the references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and any pertinent information they may have, including disclosure of any disciplinary reports (even if more than four years old), and release all parties from any liability for any damages that may result from furnishing same to you. I further authorize you to release such information when such information may be requested by any prospective or subsequent employers without the need to provide me any notice of such disclosure. **Initials:** _____
2. I understand that the use of this application does not indicate that there are positions available, nor does it imply or create an employment contract. I understand that the only employment contracts are those specifically authorized by the City of Westland management that have been reduced to writing and have been executed by both the employee and an authorized representative of the City of Westland. Accordingly, I understand that no employment contract, either expressed or implied, for any period, is created hereby should the City of Westland hire me. **Initials:** _____
3. If hired, I understand that my employment is at-will (just cause for union and/or civil service employees), and can be terminated at any time, with or without notice, for any reason at the option of either the City of Westland or me. Should the City of Westland hire me, I agree to observe all of the City of Westland's policies, practices, and procedures currently in existence and new and revised ones that may be issued in the future. **Initials:** _____
4. I understand that any employment offer is conditional upon the result of the drug screening test, post offer pre-employment medical examination, and background investigation (when applicable based on the position sought). **Initials:** _____
5. I understand that if I have a physical, mental, or other impairment that would interfere with my ability to perform in a position but that may be accommodated by, for instance, the purchase of equipment or devices, the provision of readers or interpreters, or the restructuring or altering of work schedules, the Michigan Persons With Disabilities Civil Rights Act requires me to notify the Employer's Personnel Department in writing of need for accommodation within 182 days after I knew or should reasonably have known that the accommodation was needed. **Initials:** _____
6. I agree that any lawsuit against the City of Westland arising out of my employment or termination of employment, including but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within six months of the event giving rise to claims or be forever barred. I waive any limitations period to the contrary. For circumstances in which the statutory period of limitations is less than six months, the statutory limit will apply. **Initials:** _____
7. I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. **Initials:** _____

I have read, understand and agree to the terms of each of the above seven (7) individual statements, as indicated above.

SIGNATURE: _____ DATE : _____

The parties agree that the electronic signatures (or printed name) appearing on this document are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.