

**CITY OF WIXOM
PUBLIC SAFETY
APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER**

APPLICATION FOR EMPLOYMENT



AN EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS:

Please print the requested information in the spaces provided below:

Date of Application: _____ Date available to begin work: _____
Month/Day/Year Month/Day/Year

PERSONAL INFORMATION

Last Name	First	Middle	Social Security Number:
Street Address			Home Telephone: ()
City	State	Zip Code	Business Telephone: ()
In case of an emergency, notify:			
Name		Address	Telephone Number
Are you 18 years or older?			
If related to any City of Wixom employees, state name, department and relationship to you: _____			
Have you ever been convicted of a crime? <input type="checkbox"/> YES (explain) <input type="checkbox"/> NO			
(A criminal conviction record will not necessarily prohibit you from being employed.)			
If YES, please list date, place, and nature of offense.			
Are there any felony charges presently pending against you? <input type="checkbox"/> YES (explain) <input type="checkbox"/> NO			

EMPLOYMENT DESIRED

POSITION(S) APPLIED FOR: _____	DEPARTMENT(S):	Police <input type="checkbox"/>	Administration <input type="checkbox"/>
		Public Works <input type="checkbox"/>	Clerk <input type="checkbox"/>
		Fire <input type="checkbox"/>	Assessing <input type="checkbox"/>
		Building <input type="checkbox"/>	Other <input type="checkbox"/>
		Library <input type="checkbox"/>	_____ <input type="checkbox"/>
		Finance <input type="checkbox"/>	_____ <input type="checkbox"/>
PAY/SALARY DESIRED: \$ _____			
Kind of Work Sought: Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Seasonal <input type="checkbox"/>	
If part-time or seasonal, please specify days, hours or time of year sought: _____			

EDUCATION

Applicants for certain positions may be required to provide transcripts:

EDUCATION	NAME & LOCATION OF SCHOOL	# OF YEARS COMPLETED	SUBJECTS STUDIED	DEGREES EARNED
High School				
College/University				
Vocational/Trade/Graduate School				

GENERAL

Do you have any special training, skills, qualifications, licenses, certifications or other experiences that relate to the position(s) applied for?

A current driver's license is required for positions which require the operation of any City vehicles/equipment. A license check will be conducted for application for positions requiring a current driver's license.

U.S. Military Service:

Branch of Service _____ From _____ To _____

Rank or Rating _____ Type of Discharge _____

PHYSICAL RECORD

Medical Examinations: In accordance with the provisions of the Americans with Disabilities Act, the City of Wixom may require job applicants to undergo a medical examination after an offer of employment has been made and prior to the commencement of employment duties, and may condition the offer of employment on the results of such examination.

I HEREBY CERTIFY THAT I AM NOT CURRENTLY ENGAGED IN THE ILLEGAL USE OF DRUGS:

I understand that as a condition of employment, **for positions requiring the operation of any City vehicles/equipment**, I may be required to take a pre-employment drug test for the illegal use of drugs, which may include the collection of urine samples from my person. I agree that the results of this test may be submitted to the City of Wixom, or its authorized representative, and I expressly release the collection agency and the testing laboratory from any and all liability for performing the requested test, and for communicating the results to the City of Wixom. I understand that if the results of any pre-employment drug tests are positive, it will be cause for rejection of my application or, if I am hired, that my employment with the City of Wixom may be immediately terminated.

I agree not to commence any action or suit relating to my employment with the City more than six (6) months after the occurrence of the facts giving rise to the claim, whichever is earlier, and to waive any longer statute of limitations to the contrary. In the event that the statute of limitations applicable to such claim is less than six (6) months, I agree that the shorter statute of limitations shall apply"

Applicant's Signature: _____

FORMER EMPLOYERS

Please give an accurate, complete, full-time and part-time employment record. Start with present, or most recent employer. (List additional employers on a separate sheet, if necessary.)

PLEASE PRINT ALL INFORMATION

1.	Company Name:	Telephone: ()
	Address City/State	Employed (List Month and Year) From: To:
	List Your Job Title and Responsibilities	Reason for Leaving

2.	Company Name:	Telephone: ()
	Address City/State	Employed (List Month and Year) From: To:
	List Your Job Title and Responsibilities	Reason for Leaving

3.	Company Name:	Telephone: ()
	Address City/State	Employed (List Month and Year) From: To:
	List Your Job Title and Responsibilities	Reason for Leaving

4.	Company Name:	Telephone: ()
	Address City/State	Employed (List Month and Year) From: To:
	List Your Job Title and Responsibilities	Reason for Leaving

Have you ever been discharged or requested to resign any job?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, please explain circumstances _____		

Are you presently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

REFERENCES

Please give the names of three (3) persons, not related to you, whom you have known for over a year.

NAME	ADDRESS	TELEPHONE	BUSINESS	YEARS KNOWN

SIGNATURE
(Read carefully before signing.)

- I certify that the answers and information given by me in this application are true, correct and complete without qualification. I understand that the City of Wixom has the right to refuse to hire or immediately discharge me, at any time, if it discovers that I have provided incomplete, untrue, or misleading answers or information in this application or on any other documents or forms submitted at any time during my employment.
- I hereby authorize the City of Wixom to verify the answers and information given by me in this application and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions, and any other third party contacted by the City of Wixom to release to the City of Wixom any information they have regarding me without providing written notice to me.
- I authorize the City of Wixom to use any information in its possession concerning me for any purpose it deems appropriate, including disclosure of information to any third party, future employer or prospective future employer without notification to me of such disclosure; and I release the City of Wixom from any liability in connection with such use or disclosure.
- If I am hired by the City of Wixom, I understand and agree that I will be bound by the rules, regulations, policies, procedures, and other terms and conditions of employment of the City of Wixom as they are from time to time changed, with or without notice to me.
- If I am hired by the City of Wixom, I understand that I have the right to terminate my employment at any time and for any reason, with or without notice. I further understand that, except as set forth in any collective bargaining agreement, the City of Wixom can terminate the employment relationship at any time, with or without cause, with or without notice. This employment relationship exists regardless of any other written statements or policies or any other City document or verbal statement to the contrary. No one except the City Manager can enter into any kind of employment relationship or agreement, which is contrary to the above. To be enforceable, such relationship or agreement must be in writing and personally signed by the City Manager and myself, and be attested by the Wixom City Council.
- I agree not to commence any action or suit relating to my employment with the City more than six (6) months after the occurrence of the facts giving rise to the claim, or more than six (6) months after the date of my termination of such employment, whichever is earlier, and to waive any longer statute of limitations to the contrary. In the event that the statute of limitations applicable to such a claim is less than six (6) months, I agree that the shorter statute of limitations shall apply.”
- I also understand that the City may, in its sole discretion, conduct or have conducted by an individual or entity of its choice, a conviction-only criminal background history search on me. I hereby consent to this search being conducted and to the disclosure of the results of that search by the individual or entity conducting the search to the City. I further hereby release the individual or entity conducting the search, the City, and its employees and agents, from any and all liability, claims and damages, including but not limited to, claims for releasing or using any information revealed as a result of this search. I also understand and acknowledge that criminal convictions may result in disqualification from employment with the City or in dismissal from employment if an offer of employment has been made and accepted.

Applicant's Signature: _____

Date: _____

Department of Police & Fire Services

Clarence E. Goodlein, Director of Public Safety

Jeff Roberts, Fire Operations Chief



Authority To Release Information For Police And/Or Fire Department Employment

This authorization form is presented to all applicants for employment with the City of Wixom Police and/or Fire Departments. While the completion of this form is voluntary, the City of Wixom and its agents reserve the right to disqualify and/or refuse to process the application of anyone who refuses to sign and/or duly provide the requested authority. Read each paragraph below carefully. In addition to your complete signature at the bottom of this form, you must initial next to each paragraph that follows to indicate that you have read, understand, and agree to the contents of each and every authorization, release, waiver, designation, and request.

I hereby authorize the City of Wixom, Michigan to conduct an investigation into my background including any contact with any police agency; any criminal history [conviction(s) and/or pending criminal charge(s); driving record; present and previous employment; educational background and transcripts; military history, credit history, record, and score; personal history; history of mental illness; police academy test results, performance and behavior; use of internet social network sites, and to conduct any other investigation that it deems appropriate in its sole opinion.

I request that any custodian of the aforementioned information, written or unwritten, or any of its agents with any knowledge concerning myself, including duly constituted law enforcement agencies, judicial officers, police academy staff, or other persons with knowledge about myself, furnish the City of Wixom, Michigan with any and all information that it may have pertaining to and/or concerning me.

I, hereby, authorize the release of any and all record(s) of any confidential information concerning me to any employee of the City of Wixom for use in conjunction with my application for employment at the Wixom Police and/or Fire Departments. I hereby release you and your employees and/or agents from any liability or claim for any damage whatsoever incurred by me as a result of the furnishing of this information. Furthermore, I hereby waive statutory written notice for the release of disciplinary reports, letters of reprimand, or other disciplinary action, and any other rights afforded me pursuant to MCL 423.501 – the Employee Right To Know Act.

Furthermore and in consideration of the City of Wixom, Michigan considering my application for employment, I hereby release, relieve, and indemnify the City of Wixom, Michigan, the Wixom Police & Fire Departments, and any employee or agent of the City of Wixom from and against any and all liability and/or damages of whatsoever kind or nature arising from the use of any information and/or records pertaining to me and received during the course of any investigation concerning myself.

Public Safety Administration – 49045 Pontiac Trail · Wixom, Michigan 48393

Fire Operations – 1345 North Wixom Road · Wixom, Michigan 48393

This authorization shall continue until it is revoked by me in writing. A photocopy, reproduction, facsimile transmission or other electronic/digital transmission of this authorization shall be for all intents and purposes as valid as the original.

I acknowledge that I have read and understand the content and import thereof.

SIGNATURE: _____

FULL NAME (Please Print): _____

ADDRESS: _____
(Number & Street) (City) (State) (Zip)

DRIVER'S LICENSE # _____ Expires: _____ State: _____

SOCIAL SECURITY # _____

THIS FORM MUST BE NOTARIZED WITH SEAL. YOU MAY HAVE IT NOTARIZED WHEREVER CONVENIENT. HOWEVER, YOU MAY HAVE IT NOTARIZED WITHOUT CHARGE AT THE WIXOM POLICE DEPARTMENT. IF YOU CHOOSE TO HAVE THIS FORM NOTARIZED AT THE POLICE DEPARTMENT, THEN YOU MUST CALL AND MAKE AN APPOINTMENT TO DO SO.

State of Michigan

} ss.

County of _____

Subscribed and sworn to before me this _____ day of _____, 20 ____ .

Notary Public Signature _____

Notary Public Printed Name _____

My Commission Expires _____