



CITY OF RIVERVIEW

Application for Employment

Application Received
Date _____ Time _____

The City of Riverview is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected category.

Position(s) applying for: _____ Department: _____

Employment Type Desired: Full-time _____ Part-time _____

Name _____

Address _____
Last First Middle
Street Apt. # City State Zip Code

Telephone Number _____ Social Security Number _____

Driver's License Number _____

Are you a blood relation, in-law or married to any City of Riverview elected official, board, commission or committee member or full-time administrative officer or employee? Yes _____ No _____

If YES, Name _____ Relationship _____

If hired, would a blood relative, in-law or spouse be directly supervising your work? Yes _____ No _____

Are you at least 18 years of age? Yes _____ No _____

Are you on lay-off? Yes _____ No _____ Subject to recall? Yes _____ No _____

Have you ever been employed by the City of Riverview? Yes _____ No _____

If YES, _____
Position Department Dates

Have you ever been convicted of a crime or are there any felony charges pending against you?

Yes _____ No _____ If YES, describe completely including location and dates: _____

NOTE: A conviction record will not necessarily be a bar to employment.

EDUCATION

	High School	Vocational/ Technical	College	Graduate Degree Program
School Name	_____	_____	_____	_____
City/State	_____	_____	_____	_____
Did you Graduate?	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
	GED ___			
Degree/Certificate	_____	_____	_____	_____
Major/Minor	_____	_____	_____	_____
	_____	_____	_____	_____

Describe any specialized training, apprenticeships, internships, skills, licenses, certificates and extra-curricular activities or hobbies that might pertain to the position you are applying for:

Please provide any information which may be relevant to the qualifications of the position for which you are applying.

Personal References **(DO NOT INCLUDE FAMILY MEMBERS OR FORMER EMPLOYERS)**

	Name	Address	Telephone
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States of American or in a State National Guard? Yes ___ No ___ If YES, what branch? _____

Rank at Discharge _____

NOTE: A dishonorable discharge from the military will not necessarily be a bar to employment.

EMPLOYMENT HISTORY

List each job held. Start with your present or last job first.

Employer	Dates	
	From	To
Address & Telephone		
Job Title	Hourly Rate/Salary	
Supervisor	Start	Final
Reason(s) for Leaving		

Employer	Dates	
	From	To
Address & Telephone		
Job Title	Hourly Rate/Salary	
Supervisor	Start	Final
Reason(s) for Leaving		

Employer	Dates	
	From	To
Address & Telephone		
Job Title	Hourly Rate/Salary	
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Employer	Dates	
	From	To
Address & Telephone		
Job Title	Hourly Rate/Salary	
Supervisor	Start	Final
Reason(s) for Leaving		

May we contact your present and/or former employer(s)? Yes _____ Only if a finalist _____

AGREEMENT AND UNDERSTANDING

1. I certify that the information in this application is correct to the best of my knowledge and understand that falsification or misrepresentation of any information submitted in connection with my application, whether in this document or not, may result in dismissal.

Yes ___ No ___ _____ Initials

2. I hereby waive written notice from my employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel records. This waiver is made pursuant to the Bullard-Plawecki Employee Right-to-Know Act.

Yes ___ No ___ _____ Initials

3. 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 and release all parties from any liability for any damages that may result from furnishing same to the City.

Yes ___ No ___ _____ Initials

4. I understand that the City of Riverview is a 'Drug and Alcohol Free' work place and that screening tests for alcohol and drug use may be required before hiring and during my employment.

Yes ___ No ___ _____ Initials

5. I understand and agree that you may request an investigative report to be prepared, which may include information as to my character, general reputation, police record, personal characteristics and mode of living. I understand that I have the right to request that you completely disclose to me the nature and scope of the investigation requested. My request must be made in writing to the Personnel Director within a reasonable time after I have completed this Application. Only job-related information developed from such a report will be considered in evaluating my Application for Employment. In the event I am not employed because of an unfavorable credit report, you will notify me and provide me the name and address of the consumer reporting agency which provided the report.

Yes ___ No ___ _____ Initials

6. In consideration of my employment, I agree to conform to the rules and regulations of the City of Riverview, as they may be amended from time to time, and I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either the City of Riverview or myself. I understand that no officer or representative of the City of Riverview has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the City Council or City Manager of the City of Riverview and any such agreement must be made in writing, directed to me personally. I further acknowledge that no one has made any representations or statements to the contrary to me, either oral or in writing, and I acknowledge and understand that no one has the authority to make such representations or statements to the contrary in the future.

Yes ___ No ___ _____ Initials

I have read, understand and agree to the terms of each of the above six (6) individual statements, as indicated above.

Signature _____ Date _____

RETURN TO: City of Riverview
Personnel Department
14100 Civic Park Drive
Riverview, MI 48193