



Application for Employment

City of South Lyon

335 S. Warren St., South Lyon, MI 48178

Ph: 248-437-1735 Fax: 248-486-7054

www.southlyonmi.org

Applicants for all positions are considered without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PERSONAL INFORMATION

Date: _____

Last Name _____ First Name _____ Middle _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell# _____ Work# _____

Email address _____

Position(s) applied for: _____

How did you hear about us?

☐ Advertisement ☐ Friend ☐ Relative ☐ Employment ☐ Walk In ☐ Other

☐ Referral by current employee (provide name of individual) _____

Have you ever filed an application with us before? ☐ Yes ☐ No (If Yes, give approximate date)

Have you ever been employed with us before? ☐ Yes ☐ No (If Yes, give approximate date)

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

CURRENT AND FORMER EMPLOYERS: (Most Recent First)

Date Month/Year	Employer Name, Address, and Telephone	Salary Starting/ Ending	Last Position Held/ Responsibilities	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				

From:				
To:				
From:				
To:				

Are you 18 years of age or older? ☐ Yes ☐ No

Can you provide proof of eligibility for employment in the United States? ☐ Yes ☐ No

(Proof of citizenship or immigration status will be required upon employment)

What date would you be available to start? _____ What hours are you available? _____

Do you have a valid Driver's License? ☐ Yes ☐ No Do you have a valid CDL? ☐ Yes ☐ No

License Number: _____ Expiration _____ State _____

(Proof of CDL status will be required upon employment)

Has your Driver's License ever been suspended or revoked? ☐ Yes ☐ No

Have you ever been convicted of anything other than minor traffic violation? ☐ Yes ☐ No

Do you have any felony charges pending against you? ☐ Yes ☐ No

If you answered yes to either of the above, please provide dates, places, charges & disposition of convictions:

REFERENCES: Three individuals not related to you, whom you have known for at least one year:

Name	Address and Telephone	Relationship	Years Acquainted

Emergency Contact: _____

Name	Street	City/State	Phone
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APPLICANT'S STATEMENT

PLEASE READ THE INFORMATION BELOW CAREFULLY AND ENSURE THAT YOU UNDERSTAND IT IN ITS ENTIRETY PRIOR TO SIGNING BELOW.

I affirm that the information provided on this application (and any accompanying resume or notes) is true and complete. I also agree that any false information, misrepresentations, or omissions - either oral or written - may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date.

I authorize the City of South Lyon to investigate all statements contained in this application, and to obtain the records related thereto including those from the educational institution(s) that I have attended, my current or former employers, criminal history from law enforcement agencies, and other references or sources concerning me. I authorize all such references and sources (and the City of South Lyon) to release this information without liability for damage incurred in giving it. I waive any written notice of the release of such records that may be required by state or federal law.

Should I receive a conditional offer of employment, I agree to submit to any physical and/or psychological medical examination. I further authorize any physician or entity conducting such medical examination to release the results of such examination to the City of South Lyon.

I also understand that if I have a protected disability that affects my ability to do the job I seek, I may ask the City of South Lyon to attempt to make a reasonable accommodation for it. I must make my request **in writing** to the Personnel Department as soon as possible, and under the Michigan Persons With Disabilities Civil Rights Act, such notice must be given no later than 182 days after the date I know or reasonably should know that accommodation is needed.

Should I receive a conditional offer of employment, I give my consent for the City of South Lyon, through an authorized testing service of its choice, to collect blood, urine, or saliva samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances, provided that such testing is conducted in accordance with all applicable local, State, and Federal laws and in compliance with the Constitution of the United States. I release the City of South Lyon from any liability arising out of such test or its results.

If I am accepted for employment I consent to be tested in the above manner during my employment where lawful and appropriate, and I acknowledge that remaining free of illegal drug use and complying with the City's substance abuse policy and the applicable Collective Bargaining Agreement is a condition of my employment.

Employment is conditional upon favorable results of professional references, verification of eligibility for employment in the United States, verification of technical certification and signing consent with the City of South Lyon Policies. I understand and agree that the terms and conditions of employment may be altered by the City of South Lyon at any time with or without cause or notice.

I understand that all non-union employees of the City are employed on an indefinite basis and are subject to termination at any time, with or without notice, discipline, or warning, for any or no reason. No person other than the City Manager has authority to offer employment for any specified period or to make any contract contrary to the foregoing. Moreover, no such agreement will be enforceable unless it is in writing, pertains specifically to me, and is signed by the City Manager.

Signature of Applicant

(The City encourages inclusion of a resume with this application. This application is valid for 90 days. If you wish to be considered for employment after this time, you must reapply).