



# APPLICATION FOR EMPLOYMENT

It is the policy of the City of Milan to provide equal opportunity with regard to all terms and conditions of employment. The City of Milan complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age or any other protected characteristic.

City of Milan  
147 Wabash St.  
Milan, MI 48160  
Telephone 734-439-1501

protected

Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Position applied for \_\_\_\_\_

Special training or skills: (languages, machine operations, licensing, etc.)  
that would benefit you in the job for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you accept full-time work? ☐ Yes ☐ No

Would you accept part-time work? ☐ Yes ☐ No

On what date would you be available for work? \_\_\_\_\_

Have you ever been employed here before? ☐ Yes Dates \_\_\_\_\_ ☐ No

Do you have a legal right to be employed in the U.S.? Yes Yes No (If yes, proof is required)

Are you of legal age to work? ☐ Yes No

## **Educational Background**

*High School:*

Name and location \_\_\_\_\_

Course of Study \_\_\_\_\_

*College:*

Name and location \_\_\_\_\_

Course of Study \_\_\_\_\_ Did you graduate? ☐ Yes ☐ No

Degree or diploma? \_\_\_\_\_

*Graduate School:*

Name and location \_\_\_\_\_

Course of Study \_\_\_\_\_ Did you graduate? ☐ Yes ☐ No

Degree or diploma? \_\_\_\_\_

*Vocational, or other, training:*

Name and location \_\_\_\_\_

Course of Study \_\_\_\_\_ Did you graduate? ☐ Yes ☐ No

Degree or diploma? \_\_\_\_\_

For HR Use Only

Employee #

Hire Date

Position

Rate

Probation Date:

Med Ben Date:

Dental Ben Date:

## Previous Employers and Addresses

Place an ☒ by the employer(s) you do not want us to contact. List the most recent employer first

1.	Company Name _____	Phone (____) _____
<input type="checkbox"/>	Contact Name _____	
	Address _____	Employed From _____/_____/____ To _____/_____/____ Month/Year Month/Year
	Position _____	Reason for Leaving _____ Last Wage _____
2.	Company Name _____	Phone (____) _____
<input type="checkbox"/>	Contact Name _____	
	Address _____	Employed From _____/_____/____ To _____/_____/____ Month/Year Month/Year
	Position _____	Reason for Leaving _____ Last Wage _____
3.	Company Name _____	Phone (____) _____
<input type="checkbox"/>	Contact Name _____	
	Address _____	Employed From _____/_____/____ To _____/_____/____ Month/Year Month/Year
	Position _____	Reason for Leaving _____ Last Wage _____
4.	Company Name _____	Phone (____) _____
<input type="checkbox"/>	Contact Name _____	
	Address _____	Employed From _____/_____/____ To _____/_____/____ Month/Year Month/Year
	Position _____	Reason for Leaving _____ Last Wage _____

## Personal References

1.	Name _____	Phone No. (____) _____	Years Acquainted _____
2.	Name _____	Phone No. (____) _____	Years Acquainted _____
3.	Name _____	Phone No. (____) _____	Years Acquainted _____

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE CITY OF MILAN'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE CITY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AT ANYTIME BY THE CITY.

Applicant's Signature \_\_\_\_\_  
Date \_\_\_\_\_

# ***Release of Records***

I, \_\_\_\_\_, hereby authorize the release to the City of Milan any and all information contained in my financial and criminal history. I further authorize release to the City of Milan any and all information in my driving record.

As part of the hiring process, we want you to know that we will be checking your references. We may contact those persons whom you have identified to us as potential references. In addition, we may also contact your other friends, acquaintances, business associates, and anyone else who knows something about you. When we contact a reference, we may ask him/her a series of questions. They could be about your personal background, educational background, work experience, character, personality, and personal habits. We may use an outside firm to check references. If we do, under the Federal Fair Credit Reporting Act we are required, upon your written request, to provide you with the name and address of the firm that is checking your references so that you may contact it for further information.

I have read and fully understand the foregoing. I hereby voluntarily consent to allow the City of Milan, or any of its officers, employees, agents or designees to check my references by contacting any person whom they deem to be an appropriate reference. The representatives of the City of Milan may ask any questions which they consider relevant to their hiring decision, including questions about my personal background, educational background, work experience, character, personality, and personal habits.

Signature \_\_\_\_\_

Date of Birth \_\_\_\_\_

Drivers License No. \_\_\_\_\_

WITNESS: \_\_\_\_\_



# MILAN

*Connect with what matters*