



Application for Employment

Public Safety Employee

Village of Grosse Pointe Shores
 795 Lake Shore Rd
 Grosse Pointe Shores, MI 48236
 313-881-5500
www.gpshoresmi.gov

An Equal Opportunity Employer

Instructions: Type or print in ink. Complete all sections, even if you attach a resume. Return completed application to the address above. See job announcement for description of division duties and schedules

GENERAL INFORMATION

WORK DIVISION PREFERENCE: <i>mark all that apply</i> <input type="checkbox"/> Public Safety Officer <input type="checkbox"/> Public Safety Clerical		DATE
LAST NAME	FIRST	MIDDLE
LAST 4 SOC. SEC. NUMBER		
ADDRESS		DRIVER LICENSE NUMBER
CITY		STATE
STATE		ZIP CODE
EMAIL ADDRESS		
PRIMARY PHONE NUMBER <i>Indicate: Home / School / Work / Cell</i>	ALTERNATE PHONE NUMBER <i>Indicate: Home / School / Work / Cell</i>	ADDITIONAL PHONE NUMBER <i>Indicate: Home / School / Work / Cell</i>
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Employee must be 18 years of age or have graduated High School by the time they start work.</i>	Are you a former Grosse Pointe Shores employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: _____ Position(s) Held: _____	
	Are you legally eligible for employment in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Documentation for establish your identity and employment authorization will be required upon employment.</i>	
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate when, where and the nature of the offense:	<i>A conviction record will not necessarily be a bar to employment and other factors such as age and time of the offense, seriousness and nature of the violation and rehabilitation may be taken into account.</i>	
Are you related to anyone employed by, or an elected official of, the Village of Grosse Pointe Shores? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the person's name, department and your relationship:		

EDUCATION

NAME OF HIGH SCHOOL and LOCATION (City, State)	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you in High School now? <input type="checkbox"/> Yes Current Grade: _____
NAME OF COLLEGE/UNIVERSITY and LOCATION (City/State)	COURSE OF STUDY (Major) Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Type of Degree (i.e. BA/BS) _____
Other Skills, Certifications, Licenses, Registrations and/or other Training Received:	

EMPLOYMENT HISTORY-Indicate most recent jobs held. Attach additional sheets if necessary

JOB 1 – CURRENT OR MOST RECENT EMPLOYER	EMPLOYMENT DATES (mm / yy) START ____ / ____ END ____ / ____	
COMPANY NAME and LOCATION (City, State)	JOB TITLE	FULL-TIME or PART-TIME
DESCRIBE WHAT YOU DO/DID		REASON FOR LEAVING
JOB 2 – NEXT MOST RECENT EMPLOYER	EMPLOYMENT DATES (mm / yy) START ____ / ____ END ____ / ____	
COMPANY NAME and LOCATION (City, State)	JOB TITLE	FULL-TIME or PART-TIME
DESCRIBE WHAT YOU DO/DID		REASON FOR LEAVING
JOB 3 – NEXT MOST RECENT EMPLOYER	EMPLOYMENT DATES (mm / yy) START ____ / ____ END ____ / ____	
COMPANY NAME and LOCATION (City, State)	JOB TITLE	FULL-TIME or PART-TIME
DESCRIBE WHAT YOU DO/DID		REASON FOR LEAVING

EXPERIENCE

Please list relevant experience and training relating to position applied for

NARRATIVE

List here or attach a separate page with a statement as to why you are interested in this position

ATTENTION - THIS STATEMENT MUST BE SIGNED

I authorize the references and previous employers listed above to give you any and all information concerning any previous employment and pertinent information they may have, personal or otherwise. I release all parties from all liability and from all damages that may result. I specifically waive any rights to be notified under Section 6(3)(a) of the Michigan Bullard-Plawecki Act of the release of personnel file information by prior employers and of the release of personnel file information to prospective employers by the Village of Grosse Pointe Shores. All of the statements provided by me in this Employment Application are subject to investigation by the Village of Grosse Pointe Shores. I understand that a false answer to any question in this Application will result in determination not to employ me or to terminate my employment, if hired.

If applying for a position in Grosse Pointe Shores, I understand I am subject to a full background investigation, including finger print checks, a review of police and arrest records, and a review of any criminal conviction history. I will be given separate notice of my rights under the Fair Credit Reporting Act (FCRA) if a background check is obtained through a third-party company.

I understand that neither this document nor any offer of employment constitutes a contract of employment. In consideration of my employment, I agree to conform to the rules and regulations established by the Village of Grosse Pointe Shores. Further, I understand and agree that my employment unless protected by a collective bargaining agreement is for no definite period of time and my employment and compensation can be terminated at any time, with or without cause, with or without notice, and without regard to the date of payment of my wages or salary, at the option of either the employer or myself. I understand that no employee has the authority to enter into any agreement to employ, an agreement for employment for any specific period of time, or make any agreement contrary to the foregoing, unless contained in an applicable collective bargaining agreement or individual employment agreement signed by myself and the City Manager.

Unless employed under a collective bargaining agreement, I further agree that any action or suit against the City arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

I further understand that under the Michigan Persons with Disabilities Civil Rights Act, MCL 37.1101, et seq., I must notify the City in writing of the need for a discrimination accommodation within 182 days of the date I knew or should have known that an accommodation was needed.

APPLICANT SIGNATURE (Sign in ink) _____ **DATE SIGNED** _____

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