

47TH DISTRICT COURT

31605 WEST 11 MILE RD.
FARMINGTON HILLS, MI 48336
Telephone: 248-871-2900
Fax: 248-871-2901

www.ci.farmington-hills.mi.us/services/47thdistrictcourt/employmentopps.asp



APPLICATION FOR EMPLOYMENT (An Equal Opportunity Employer)

We will not discriminate based upon race, color, religion, sex, national origin, citizenship, age, height, weight, marital status, veteran status, handicap, familial status, or any other protected category. Individuals with disabilities may request accommodation in the application process.

Date: _____

Name _____ Social Sec. No. _____ - _____ - _____

LAST FIRST MI

Present Address _____

STREET City STATE ZIP

Permanent Address _____

STREET City STATE ZIP

Telephone No. (_____) _____ Referred by? _____

E-mail Address _____

Are you 18 years or older? Yes NO Are you currently authorized to work in the United States? Yes No

Do you have reliable transportation? Yes No

Have you ever been convicted of a crime? Yes No If so, When? _____ Where? _____

What was the nature of the offense? _____

U.S. Military or Naval Service _____ Rank upon Discharge _____ Type of Discharge _____

Duties: _____

***Note: A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation and rehabilitation will be considered. Nor will a dishonorable discharge from the military necessarily be a bar to employment.**

EMPLOYMENT DESIRED

Position Applied For: _____ DATE YOU CAN START _____ SALARY DESIRED _____

Referred By: _____

Ever applied to this Court before? Yes No

Position applied for _____ When _____

EDUCATION

High School: Name and Address of School _____

Course of Study _____

Years Completed _____ Diploma/Degree _____ Status _____

Undergraduate College: Name and Address of School _____

Course of Study _____

Years Completed _____ Diploma/Degree _____ Status _____

Graduate Professional: Name and Address of School _____

Course of Study _____

Years Completed _____ Diploma/Degree _____ Status _____

Other School: Name and Address of School _____

Course of Study _____

Years Completed _____ Diploma/Degree _____ Status _____

FORMER AND CURRENT EMPLOYERS

LIST ALL FORMER AND CURRENT EMPLOYERS WITHIN THE PAST 10 YEARS (If employed, list most recent employer first)

1. Employer: _____

Address and Telephone Number: _____

Job Title: _____ Supervisor: _____

Dates Employed: From _____ To _____

Hourly Rate/Salary: Starting _____ Final _____

Reason for Leaving: _____

Work Performed: _____

2. Employer: _____
Address and Telephone Number: _____
Job Title: _____ Supervisor: _____
Dates Employed: From _____ To _____
Hourly Rate/Salary: Starting _____ Final _____
Reason for Leaving: _____
Work Performed: _____

3. Employer: _____
Address and Telephone Number: _____
Job Title: _____ Supervisor: _____
Dates Employed: From _____ To _____
Hourly Rate/Salary: Starting _____ Final _____
Reason for Leaving: _____
Work Performed: _____

4. Employer: _____
Address and Telephone Number: _____
Job Title: _____ Supervisor: _____
Dates Employed: From _____ To _____
Hourly Rate/Salary: Starting _____ Final _____
Reason for Leaving: _____
Work Performed: _____

5. Employer: _____
Address and Telephone Number: _____
Job Title: _____ Supervisor: _____
Dates Employed: From _____ To _____
Hourly Rate/Salary: Starting _____ Final _____
Reason for Leaving: _____
Work Performed: _____

BE SURE YOU HAVE NOT OMITTED ANY EMPLOYER REGARDLESS OF DURATION AND NATURE
(REQUEST EXTRA PAPER IF NECESSARY)

REFERENCES: LIST PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

	NAME	ADDRESS	PHONE	BUSINESS	YEARS ACQUAINTED
1.	_____				
2.	_____				
3.	_____				

I authorize the references and employers listed above to provide you any and all information concerning my previous employment and any pertinent information they may have, and release you and all parties from any liability for any damages that may result from furnishing same to you. I waive any written notice of the release of such information to the Company.

SIGNATURE DATE

DRIVING EXPERIENCE

Answer the following question(s) only if the box next to the question is checked.

During the last 3 years have you, as a driver, been involved in any vehicle accidents, regardless of vehicle type (car, truck cycle, etc.), regardless of who was at fault, and regardless of location (highway, parking lot, terminal, etc.)? Yes No

If yes, how many? _____ For each, please indicate:

DATE TIME City STATE TYPE OF VEHILCE DRIVEN

NO. VEHICLES INVOLVED NO. INJURED KILLED

DESCRIBE ACCIDENT

WERE YOU GIVEN A TICKET? FOR WHAT? EMPLOYMENT RELATED?

DATE TIME City STATE TYPE OF VEHICLE DRIVEN

NO. VEHICLES INVOLVED NO. INJURED KILLED

(REQUEST EXTRA PAPER IF NECESSARY)

DRIVER'S LICENSE INFORMATION

Answer the following question(s) only if the box next to the question is checked.

Do you currently hold a valid driver's license? Yes No

If no, please explain: _____

List the following for each current valid driver's license you currently hold

STATE	LICENSE NUMBER	EXP. DATE	CLASS
STATE	LICENSE NUMBER	EXP. DATE	CLASS

During the past five years, have you had any driver's license not listed above? Yes No

If yes, for each, list:

STATE	LICENSE NUMBER	EXP. DATE	CLASS
STATE	LICENSE NUMBER	EXP. DATE	CLASS

Has your driver's license permit or driving privilege ever been denied, suspended or revoked?

Yes No If yes explain: _____

Have you ever been issued a probationary license, occupational license or other restricted license?

Yes No If yes explain: _____

Have you ever been convicted for driving under the influence of alcohol, narcotic drugs, amphetamines, or derivatives thereof? Yes No If yes explain: _____

During the past 3 years, have you ever been convicted of, or forfeited bond for any traffic violations other than parking? Yes No If yes, for each, please list:

STATE	LICENSE NUMBER	EXP. DATE	CLASS
STATE	LICENSE NUMBER	EXP. DATE	CLASS

1. I authorize the Company to make whatever inquiries it may deem necessary in connection with my application for employment. As part of such inquiries, the Company has my permission to contact persons who may have information relating to my suitability for employment and to secure consumer reports (including investigative consumer reports).

I authorize and instruct any person or agency contacted to participate or conduct inquiries at its request, to compile information (other than information which may not be requested as a matter of law), and to furnish any information obtained as a result of such inquiries.

I further authorize the Company, in its sole discretion, to furnish copies of this authorization and my application to any person(s) and/or consumer reporting agency(ies) in connection with the above purposes. I agree to release you and all parties from any liability for any damages that may result from furnishing such information.

Signature _____ Date _____

2. **DISCLOSURE**--Information contained in reports obtained by the Company in accordance with the above authorization may include information pertaining to your character, general reputation, police record, personal characteristics, and mode of living. You have the right to request that the Company completely and accurately disclose to you the nature and scope of all investigations requested. Such a request must be made in writing to the personnel department within a reasonable period of time after your application for employment is received.

I hereby acknowledge that I have read the above disclosure statement and have understood it.

Signature _____ Date _____

3. I certify that the information in this application is complete and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of this information is grounds for a rejection of this Application or dismissal of any employment if I am hire.

Signature _____ Date _____

4. If employed, I understand that if I am or become disabled in need of accommodations for employment under the Michigan Persons With Disabilities Act, I must notify the Company (i.e. Human Resources or an officer) in writing within 182 days after the need is known.

Signature _____ Date _____

5. In consideration of my employment, I agree to conform to the rules and regulations of the Company. I agree that my employment and compensation can be terminated at any time with or without cause and with or without notice at the option of either the Company or myself. I understand that no officer or representative of the Company 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 President of the Company 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 contrary to the company's at-will policy to me, either orally 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.

Signature _____ Date _____

6. I agree and understand that any action, suit or charge against the Company 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 limitations periods to the contrary.

Signature _____ Date _____

7. I certify that I am not currently bound by any non-compete agreement or other restrictive covenant, which would disqualify or prevent me from becoming employed by the company.

Signature _____ Date _____