



## Instructions for completing the Employment Application

**IMPORTANT:** Please do not complete the Employment Application from your browser. Because some browsers do not support fillable forms, we request that you download the Employment Application to your computer to complete. Depending on what browser you are using, completing the Employment Application from your browser may result in the inability to use the fillable fields, use the Submit button, or have other unknown results.

*If you are viewing this Employment Application from a browser window, please close the tab / return to the City's Employment page, and follow the directions for downloading the Application to your local computer to complete.*



**APPLICATION FOR EMPLOYMENT**  
**CITY OF NOVI**  
 Human Resource Department  
 45175 Ten Mile Rd  
 Novi, MI 48375  
 (248) 347-0452 FAX (248) 735-5698  
 humanresources@cityofnovi.org  
**AN EQUAL OPPORTUNITY EMPLOYER**

COMPLETE EVERY LINE BY PRINTING IN BLACK INK OR USING A COMPUTER. IF THE QUESTION DOES NOT APPLY, WRITE N/A. DO NOT LEAVE THE SPACE BLANK OR REFER TO YOUR RESUME. FILL OUT EVERY SECTION AND SIGN PAGE FOUR. APPLICANTS ARE RESPONSIBLE FOR COMPLETING THE APPLICATION. FAILURE TO DO SO MAY RESULT IN IT BEING WITHDRAWN FROM THE PROCESS

Last Name		First	Middle
Number and Street			
City		State	Zip Code
Phone	Home:	(      )	Best time to call:
	Cell:	(      )	Best time to call:
Email Address (will be used to contact):			
Position Applied For:			Date:
Where did you hear about this opening?:			

School	Name and Address of School	Course of Study	Last Year Completed				Did You Graduate	Diploma or Degree
			1	2	3	4		
High							<input type="checkbox"/> Yes <input type="checkbox"/> No	
College							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grad							<input type="checkbox"/> Yes <input type="checkbox"/> No	

List all other education or training you have received that you believe may qualify you for the position(s) you are applying for:

If you are applying for a clerical position, please complete the following:  Typing speed: _____ words per minute	Driver's License Number, if required for the position:
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UNITED STATES MILITARY SERVICE		LICENSES:			
Military Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description	License Number	Issued by	Expiration Date
Branch of Service:					

**EXPERIENCE:** Begin with your present or last job. Attach extra pages if needed.

<b>1</b>	Company Name:	Salary:	Telephone: (      )	Immediate Supervisor
	Address	City/State	Dates Employed From:                      To:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours per week _____
	Job Title and Responsibilities		Reason for Leaving	Number of Employees You Supervised

<b>2</b>	Company Name:	Salary:	Telephone: (      )	Immediate Supervisor
	Address	City/State	Dates Employed From:                      To:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours per week _____
	Job Title and Responsibilities		Reason for Leaving	Number of Employees You Supervised

<b>3</b>	Company Name:	Salary:	Telephone: (      )	Immediate Supervisor
	Address	City/State	Dates Employed From:                      To:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours per week _____
	Job Title and Responsibilities		Reason for Leaving	Number of Employees You Supervised

<b>4</b>	Company Name:	Salary:	Telephone: (      )	Immediate Supervisor
	Address	City/State	Dates Employed From:                      To:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours per week _____
	Job Title and Responsibilities		Reason for Leaving	Number of Employees You Supervised

May we contact your present employer?     Yes     No

If no, please explain:

**INSTRUCTIONS:** Answer **all** questions in this section. Questions in this section may be job-related or required by state or federal law. It depends upon the type of job for which you are applying. Your answers will not be considered unless the information is related to the job for which you are applying.

	YES	NO
How long have you lived at present address? _____ Previous address _____ How long did you live there? _____ No. Street City State Zip Code		
Are you legally eligible for employment in the U.S.A.? (If yes, verification will be required)		
Are you 18 years of age or older?		
Were you previously employed by us? If yes, when? Department:		
Have you previously applied to the City of Novi? If yes, what position and when?		
Have you ever been discharged from, or asked to resign from, a job for misconduct, unsatisfactory performance, or any other reason? If yes, explain:		
Have you ever been employed under a name other than the name you use now? (For employment verification purposes only) If yes, what was it?		
Has your driver's license ever been suspended or revoked? If yes, explain:		
Do you possess a valid Driver's License? (if required for the position)		
Is the address shown on the valid Driver's License your present legal address? (if required for the position)		
Do you have any relatives working at the City of Novi: If yes, name and relation:		
Have you ever been bonded? If yes, on what jobs?		
Have you ever been convicted of, pleaded guilty or nolo contendere to, or otherwise been found guilty of a felony offense? If yes, describe in full:		
Are there any felony charges pending against you? If yes, identify the offense charged and the court where the matter is pending:		

**Check to be sure all lines are answered then complete the back of this form.**

REFERENCES: List in spaces provided below the names of three persons, not related to you, who have knowledge of your experience and qualifications for the position.				
FULL NAME	TITLE / POSITION	EMAIL ADDRESS	BUSINESS OR OCCUPATION TELEPHONE	YEARS ACQUAINTED
1.				
2.				
3.				

PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY					
NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE

**PLEASE READ AND SIGN BELOW**

I certify the facts set forth in the Application for Employment, in my resume, and in any other materials I have submitted are true and complete. I understand that the submission of any false information in connection with my application for employment will result in immediate discharge at any time thereafter, should I be employed by the City of Novi (hereinafter "the City").

I hereby authorize the City to contact all my former and current employers, educational institutions, military entities, and the other references I have provided regarding me and my performance record and work, academic, and/or military experience. I also hereby release the City and its employees, Council Members, officers, and agents, and all of my former and current employers, educational institutions, military entities, and the other references I have provided, from any and all liability and damages for releasing or using information concerning me and my performance record and work, academic, and/or military experience. I also hereby waive any right under the Bullard-Plawecki Right to Know Act, 1978 PA 397, to receive written notice from the City or any former or current employer, that disciplinary reports, letters of reprimand, or other disciplinary actions taken against me while employed, will be or have been disclosed to a third person or entity.

I also understand that the City may, in its sole discretion, conduct or have conducted by an individual or entity of its choice, a conviction-only criminal background history search on me. I hereby consent to this search being conducted and to the disclosure of the result of that search by the individual or entity conducting the search to the City. I further hereby release the individual or entity conducting the search, the City, and its employees, Council Members, officers, and agents, from any and all liability, claims and damages, including but not limited to, claims for releasing or using any information revealed as a result of this search. I also understand and acknowledge that if I provide false information or fail to disclose (or misrepresent) any criminal conviction, that will result in my disqualification from employment with the City or in my dismissal from employment if an offer of employment has been made and accepted.

Subsequent to an offer of employment being made, I agree to undergo the necessary medical examination conducted by a physician or other professional of the City's choice and understand that such offer of employment is conditioned upon the results of this examination.

I agree that I must commence any action or suit relating to my employment or the City's failure to offer me employment within one year from the date of termination of my employment, or, if I am not hired, within one year of the date of my application. I further agree to waive any statute of limitations to the contrary, unless such statute of limitations provides a shorter period than one year in which to bring a claim or cause of action.

If I am employed, I understand that additional personal data may be required for the determination of benefit eligibility and for statistical purposes.

I will abide by all policies, rules, and regulations of the City.

By checking this box you are agreeing to the terms above and signing your application

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Only signed and completed applications will be considered.**