



415 Withington
 Ferndale, MI 48220
 Phone: (248) 547-9500
 Fax: (248) 547-1137
 TTY (800) 545-1833 ext. 818

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date _____

Name _____
 First Middle Last

Former Name(s) _____

Present address: _____
 Number Street Apt.

City State Zip

Preferred Telephone (____) _____

E-mail _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL & LOCATION	Course of Study/Major	DID YOU GRADUATE?
High School			
College/ university			
Professional or Graduate School			
OTHER:			

WORK EXPERIENCE

Please list previous related work experience. Generally the last 10 years is sufficient. You may attach additional sheets if necessary.

Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you EVER been fired from a job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, please explain:		
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain. Conviction will not necessarily disqualify you from employment.		
Are you legally eligible to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you applied here or worked here before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, please explain:		
REFERENCES		
Please list below three persons who have knowledge of your work performance and/or personal qualifications.		
Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

AUTHORIZATION TO RELEASE PERSONAL INFORMATION

I authorize the Ferndale Housing Commission to investigate my background and any and all statements contained in this application, including references, previous employers, driving records, criminal history, credit reports, educational background, military history and any other investigation deemed appropriate.

I authorize the Ferndale Housing Commission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release, relieve and indemnify the Ferndale Housing Commission and the custodian(s) of the records as herein indicated, and any previous employer, from and against any and all liability and/or damages of whatsoever kind or nature arising from the disclosure of any information and/or record pertaining to me which is obtained during such investigation. Further, in consideration thereof, I hereby waive statutory written notice for the release of disciplinary reports, letters of reprimand, or other disciplinary action; and any rights afforded me pursuant to M.C.L. 423.501, the Employees Right to Know Act. This authorization shall continue until revoked by me in writing. A photocopy of this authorization shall serve in its stead.

I understand that the Ferndale Housing Commission is a drug free workplace, and has zero tolerance for drug and alcohol use. I understand I may be required to submit to drug or alcohol testing if there is reasonable suspicion of a violation of policy, and that my consent to and compliance with such testing and policy is a condition of my continued employment.

I agree that neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other employment practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Board of Commissioners, following formal action of the Board. Either party may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Ferndale Housing Commission may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I understand that the misrepresentation or omission of facts is cause for rejection of the application, or if hired, immediate dismissal. I certify that answers given herein are true and complete to the best of my knowledge.

SIGNATURE: _____ **DATE:** _____