HUMAN RESOURCES DEPARTMENT
WEST CITY HALL
4500 Maple STE 7
Dearborn, Michigan 48126
www.cityofdearborn.org

CITY OF DEARBORN
EMPLOYMENT APPLICATION

INSTRUCTIONS

1. Fill out with ink (please print) or typewriter.
2. Answer each question.
3. All statements are subject to investigation and verification.
4. If more space is required, use separate sheet(s) of paper.
5. Include signature in Section 14 and on the bottom of page two.

I am applying for:

1. Title of Position: **Recreation Assistant (PT/T) – Building Attendant**

2. _____
Last Name First Name MI

3. Address _____
Number Street City State Zip Code Phone Number

4. _____ Cell Phone Number

5. _____ Email Address

6. Are you **under** 18 years of age? Yes_____ No_____ Please give your birth date **only** if you are **under** 18 years of age _____

7. Are you a Citizen of the United States? Yes _____ No _____

If not, legal alien status _____

8. Are you a veteran of the armed services? Yes_____No_____

NOTE: If you answer questions 9, 10, or 11 "yes", explain fully in "applicant's comments" (Section 15) or separate attachment

9. Have you ever been discharged or forced to resign from any position? Yes_____ No_____

10. Have you ever been convicted (fined, sentenced to jail, placed on probation, or given a suspended sentence) for any violation of the law? (The nature and circumstances of a conviction will be considered in any employment related decision.)

Yes_____ No_____

11. Are there any felony charges pending against you?

Yes_____ No_____

12. Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes_____ No_____

13. Have you ever worked for the CITY OF DEARBORN? Yes_____No_____

a. Your name at that time _____

b. Position held _____

c. Employed from _____to _____

Have you ever applied with the City before? Yes _____No_____

Position(s) _____

_____

14. THIS APPLICATION GOOD FOR SIX (6) MONTHS.

Applications will be considered valid for 6 months. If examinations for this title are scheduled during the applicable time period and you meet the eligibility requirements, you will be notified. You may renew your application prior to its expiration by notifying us in writing or via telephone one time only.

I certify that the answers to all questions are true and I agree and understand that any misstatements of material facts contained in this application will cause forfeiture upon my part of all rights to employment in the service in the City of Dearborn.

X_____
PLEASE SIGN YOUR NAME

OFFICE USE ONLY

DO NOT WRITE IN THIS SPACE

Exam/Int.	By	Results	By	Rejected	By

15. APPLICANT'S COMMENTS:
(Use for more detailed explanations, if needed.)

Education	School: (Circle Highest Grade Completed in Regular Day School) 1 2 3 4 5 6 7 8 9 10 11 12				Years of College Completed 1 2 3 4 5 6 7		
	NAME	ADDRESS	Did You Graduate	No. of Credited Hours Completed	Type of Degree Received	Major Course Of Study	
High School							
College, University or Professional School							
Technical or Business School							
Other Schools and Courses							

EMPLOYMENT HISTORY: List below your entire experience record. Start with your present or most recent job. List each promotion separately. Include any service in the armed forces. List any self-employment. Under Specific Duties, describe the kind of work you did and the number and kind of employees you supervised, if any. Attach additional sheets if necessary.

BE COMPLETE AND SPECIFIC. PART OF YOUR RATING MAY BE BASED ON THE INFORMATION YOU GIVE BELOW.

LAST OR PRESENT JOB

Employing firm _____ Phone (____) _____

Firm Address _____

Your title _____

Specific Duties _____

_____

Reason for leaving _____

From _____ (Month Year)

To _____ (Month Year)

Full time _____

Part time _____

Starting salary _____

Last salary _____

Immediate Supervisor's Name

Do not use

Employing firm _____ Phone (____) _____

Firm Address _____

Your title _____

Specific Duties _____

_____

Reason for leaving _____

From _____ (Month Year)

To _____ (Month Year)

Full time _____

Part time _____

Starting salary _____

Last salary _____

Immediate Supervisor's Name

Employing firm _____ Phone (____) _____

Firm Address _____

Your title _____

Specific Duties _____

_____

Reason for leaving _____

From _____ (Month Year)

To _____ (Month Year)

Full time _____

Part time _____

Starting salary _____

Last salary _____

Immediate Supervisor's Name

Employing firm _____ Phone (____) _____

Firm Address _____

Your title _____

Specific Duties _____

_____

Reason for leaving _____

From _____ (Month Year)

To _____ (Month Year)

Full time _____

Part time _____

Starting salary _____

Last salary _____

Immediate Supervisors' Name

REFERENCES: Please provide two work related references from present and/or previous positions held:

1) _____ (____) _____
Name Employer Title Present Phone

2) _____ (____) _____
Name Employer Title Present Phone

I give my permission to have the above named individuals contacted regarding my background and character.

X_____

Please sign your name **Date**

CITY OF DEARBORN – HUMAN RESOURCES DEPARTMENT

SUPPLEMENTAL APPLICATION FORM FOR

RECREATION BUILDING ATTENDANT (PT/T)

Please read the following carefully before completing this form:

This supplemental, along with your application, will be given an overall score and ranked based on the answers and information you provide to the given questions.

All applicants hired as Recreation Building Attendants will be asked to work either day or night and weekend shifts.

PLEASE PRINT:

1. FULL NAME_____

2. This position requires tasks that are related to the service and appearance of a Recreation facility. It requires the ability to maintain a clean and safe environment for each guest.

The position also requires the ability to follow oral instruction without close supervision and the ability to maintain effective working relationships with other employees and the public.

Please check whether you are willing, unwilling or physically unable to perform each duty. If you are willing to perform a duty and **require an accommodation** to do so, please check "willing" and describe the requested accommodation below.

TYPICAL DUTY	**WILLING**	**UNWILLING**	**UNABLE***
✓ Wear required uniform	_____	_____	_____
✓ Work with close supervision	_____	_____	_____
✓ Work without close supervision	_____	_____	_____
✓ Learn safety regulations and procedures	_____	_____	_____
✓ Attend all required meetings and trainings	_____	_____	_____
✓ Work all required hours	_____	_____	_____
✓ Work 9am-2pm, 10am-3pm or 11am-4pm	_____	_____	_____
✓ Work 4pm-9pm, 5pm-10pm or 6pm-11pm	_____	_____	_____
✓ Work 10pm-3am, 11pm-4am or 12midnight-5am	_____	_____	_____
✓ Work "on call"	_____	_____	_____
✓ Work weekends	_____	_____	_____
✓ Work some holidays	_____	_____	_____
✓ Correctly fill out paper work and turn in on time	_____	_____	_____
✓ Effectively work with other employees and general public	_____	_____	_____
✓ Work with cleaning chemicals	_____	_____	_____
✓ Wear personal protective devices when dealing with chemicals	_____	_____	_____
✓ Clean restrooms (including sinks, floors, toilets partitions, walls and mirrors)	_____	_____	_____
✓ Clean locker rooms (toilets, sinks, walls, floors, partitions, showers and mirrors)	_____	_____	_____
✓ Wash windows	_____	_____	_____
✓ Polish brass	_____	_____	_____
✓ Maintain grounds as needed	_____	_____	_____
✓ Assist with minor building upkeep and repair	_____	_____	_____
✓ Follow established guidelines and policies	_____	_____	_____
✓ Report problems as needed	_____	_____	_____

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TYPICAL DUTY (continued)	WILLING	UNWILLING	UNABLE*
✓ Set-up and take down equipment and furnishings for events ranging from 25-1200 people. (tables, chairs, etc)	_____	_____	_____
✓ Shovel snow and lay salt	_____	_____	_____
✓ Mow grass	_____	_____	_____
✓ Dust office furniture and clean offices	_____	_____	_____
✓ Sweep and mop all floors (wood, tile, ceramic)	_____	_____	_____
✓ Operate vacuum and change bags	_____	_____	_____
✓ Empty trash from all inside and outside receptacles	_____	_____	_____
✓ Wax floors (wash, strip, seal, finish coat)	_____	_____	_____
✓ Operate floor buffing machine	_____	_____	_____
✓ Operate battery powered carpet extractor	_____	_____	_____
✓ Operate power washer	_____	_____	_____
✓ Operate battery powered floor scrubber	_____	_____	_____

***Accommodation Request:** Please state the type(s) of accommodation needed to enable you to perform the duties listed above. **It is not necessary to state the nature of the disability**.

_____

_____

_____

_____

3. List any hours of the day or days of the week that you would NOT be available to work:

   _____

4. Do you have a means of transportation to and from work? Yes_____ No_____

If you have any questions concerning this position or about anything you have read, please feel free to ask.

I certify that the answers to all questions are true and I agree and understand that any misstatements of material facts contained in this supplemental application will cause forfeiture upon my part of all rights of employment in the service of the City of Dearborn.

Signature:_____**Date:**_____

Please read this form before completing the information below.
Sign and date all applicable consent requests.
Please Print Clearly

Position Applying For: Recreation Assistant (PT/T) – Building Attendant

Full Name: _____
Last First Initial

Maiden Name/Other Names Previously Used: _____

Address: _____
Street City State Zip Code

Driver License/Permit Number _____

☒ **Permission for Driver License Check**

The position named above may require the regular/occasional operation of a motor vehicle. A current State of Michigan Driver License and a good driving record are therefore required. Out of state applicants must be able to obtain a Michigan license prior to hire. The information obtained will be used as part of an overall assessment of character and responsibility. I understand that the information provided above will be used to check my driving record.
I hereby release any individual, organization and the City of Dearborn from any liability that may result from furnishing the information requested above or from any subsequent use of the information.

Applicant's Signature: _____ Date: _____

☒ **Authorization to Release Information**

I hereby request and authorize any individual or organization to furnish the City of Dearborn with any and all information the City may request concerning my work record, educational history, military record, financial status, criminal record and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment with the City of Dearborn.
I hereby release any individual, organization and the City of Dearborn from any liability that may result from furnishing the information requested above or from any subsequent use of the information.

Applicant's Signature: _____ Date: _____

CITY OF DEARBORN – HUMAN RESOURCES DEPARTMENT
PROTECTED APPLICANT DATA

The information which you provide on race, sex and ADA accommodation request will be used for statistical reporting purposes only. It will not become part of your application file and will not affect your candidacy for employment with the City of Dearborn. Thank you for your cooperation.

POSITION APPLIED FOR: **Recreation Assistant (PT/T) – Building Attendant**

NAME: LAST: _____ FIRST: _____ MI: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: ( ) _____ CELL PHONE: ( ) _____

SS#: _____

SEX: Female ☐ Male ☐ _____
(Please tell us how you heard about this position)

RACE/ETHNIC GROUP:

- White (Non-Hispanic) ☐
- Black (Non-Hispanic) ☐
- Hispanic ☐
- Asian or Pacific Islander ☐
- Amer. Ind. or Alaskan Nat. ☐
- Arab ☐
- Other ☐

VETERANS PREFERENCE:

- Veteran ☐
- Disabled Veteran ☐
- Spouse of Disabled Veteran ☐
- Spouse of Deceased Veteran ☐

	YES	NO
Do you require an accommodation under the Americans with Disabilities Act?	☐	☐

(If yes, please ask for "Accommodation Request Form")

SIGNATURE: _____ DATE: _____