

**CITY OF AUBURN, MICHIGAN  
 EMPLOYMENT APPLICATION  
 113 E. ELM STREET  
 AUBURN, MI 48611  
 989-662-6761**

**PART 1**

**NAME** \_\_\_\_\_  
 (Last) (First) (Middle)

**ADDRESS** \_\_\_\_\_  
 (Street) (City) (State) (Zip Code)

**TELEPHONE** \_\_\_\_\_ **SOCIAL SECURITY NUMBER** \_\_\_\_\_  
 (Home) (Other)

**POSITION APPLYING FOR** \_\_\_\_\_ **DESIRED SALARY** \_\_\_\_\_

<b>EDUCATION</b>	<b>Name and Location</b>	<b>Course</b>	<b>Graduation Yes or no</b>	<b>Diploma or Degree</b>
HIGH SCHOOL				
COLLEGE				
VOCATIONAL				

**LIST CERTIFICATES OR LICENSES OF VOCATIONAL COMPETENCE**

**LIST ADDITIONAL EDUCATION, TRAINING, OR SKILLS YOU POSSESS**

**ARE YOU A CITIZEN OF THE UNITED STATES?** \_\_\_\_\_ **ARE YOU OVER 18 YEARS OF AGE?**

**WERE YOU EVER DISCIPLINED, DISCHARGED, OR GIVEN THE OPTION TO RESIGN FROM ANY POSITION?**

**ARE THERE ANY FELONY CHARGES PENDING AGAINST YOU?**

**HAVE YOU EVER BEEN CONVICTED OF A CRIME?** \_\_\_\_\_ **IF SO, STATE WHEN, WHERE, AND NATURE OF OFFENSE(S)**

**WHAT IS YOUR DRIVER'S LICENSE NUMBER?** \_\_\_\_\_ **POSSESS A CDL?**

**HOW MANY PENALTY POINTS DO YOU CURRENTLY HAVE ON YOUR DRIVER'S LICENSE?  
 CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE  
 APPLYING, WITH OR WITHOUT ACCOMMODATIONS?** \_\_\_\_\_

**EMPLOYMENT**

**(List your previous employers beginning with the most recent.)**

<b>From</b>	<b>Name</b>	<b>Title</b>
<b>To</b>	<b>Address</b>	<b>Duties</b>
	<b>Supervisor's Name</b>	
<b>Pay</b>	<b>Supervisor's Telephone #</b>	
	<b>Reason for Leaving</b>	

<b>From</b>	<b>Name</b>	<b>Title</b>
<b>To</b>	<b>Address</b>	<b>Duties</b>
	<b>Supervisor's Name</b>	
<b>Pay</b>	<b>Supervisor's Telephone #</b>	
	<b>Reason for Leaving</b>	

<b>From</b>	<b>Name</b>	<b>Title</b>
<b>To</b>	<b>Address</b>	<b>Duties</b>
	<b>Supervisor's Name</b>	
<b>Pay</b>	<b>Supervisor's Telephone #</b>	
	<b>Reason for Leaving</b>	

**EQUAL OPPORTUNITY EMPLOYER**

The City of Auburn, Michigan, considers applicants for all positions without regard to race, religion, sex, national origin, age, marital status, handicap, or any other legally protected status.

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**APPLICANT'S STATEMENT**  
**(Read Carefully before signing)**

I certify that the information given herein is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and myself in writing. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the employer.

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**Signature of Applicant**

**Date**

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AUBURN, MI 48611  
517-662-6761**

**PART 2**

**AUTHORIZATION FOR RELEASE OF RECORDS**

Having made application for employment with the City of Auburn, Michigan, and desiring that they be informed as to my driving records, work records, personal character, and criminal record(s) or lack of criminal record(s), I hereby authorize the City of Auburn, Michigan, to investigate my history and to have access to any and all information which may relate to my driving records, work records, personal character, and criminal record(s) or lack of criminal record(s). I further authorize any person or entity possessing such information to furnish such information to the City of Auburn, Michigan.

I also release the City of Auburn, Michigan, and any person or entity providing such information to the City of Auburn, Michigan, from any liability for any damage that may result from the release of such information to the City of Auburn, Michigan. Photostatic copy of this authorization shall serve in its stead.

**(Please Print Full Name)**

**NAME** \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

**ADDRESS** \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**SOCIAL SECURITY NUMBER** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY TO YOU:**

Male \_\_\_\_\_ Female \_\_\_\_\_ African American \_\_\_\_\_ Alaskan Native \_\_\_\_\_ American Indian

Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_ Pacific Islander \_\_\_\_\_ Handicapped \_\_\_\_\_ Disabled Veteran

Other \_\_\_\_\_

**DRIVER'S LICENSE NUMBER** \_\_\_\_\_ **EXPIRATION DATE** \_\_\_\_\_

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**