

Recreation Authority of Roseville & Eastpointe

18185 Sycamore Street, Roseville, MI 48066

Phone: (586) 445-5840

FOR OFFICE USE ONLY

Date received: _____

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status and in compliance with state and federal regulations on handicappers' civil rights. Under the Michigan Handicappers' Civil Rights Act, a handicapper may allege a violation of the Act regarding the failure to accommodate only if the handicapper notifies the employer in writing of the need for accommodation within 182 days after the date the handicapper knew or reasonably should have known that an accommodation was needed.

PLEASE TYPE OR PRINT

Position(s) Desired _____

Full Name _____ Phone Number _____

Emergency Name and Phone Number _____

Email Address _____

Address _____ City _____ Zip _____

Have you ever been employed by us? _____ If yes: Month & Year _____

Are you legally authorized to work in the United States? _____

Are you 18 years old or older? _____

How did you learn of this organization? _____

Please list your availability Monday-Sunday (*please include morning, afternoon, evenings or all day*):

EDUCATION

School	Name & Location	Course of Study	Years Completed	Did you Graduate?
High School				
College				
Other				

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS
(Exclude those which may disclose your race, color, religion or national origin)

EMPLOYMENT RECORD (Start with most recent employer)

Employer Name _____ Phone Number _____

Last Job Title _____

City/State _____ Rate of Pay _____

Employed From _____ To _____ Supervisor _____

Reason for Leaving _____

Employer Name _____ Phone Number _____

Last Job Title _____

City/State _____ Rate of Pay _____

Employed From _____ To _____ Supervisor _____

Reason for Leaving _____

Employer Name _____ Phone Number _____

Last Job Title _____

City/State _____ Rate of Pay _____

Employed From _____ To _____ Supervisor _____

Reason for Leaving _____

Employer Name _____ Phone Number _____

Last Job Title _____

City/State _____ Rate of Pay _____

Employed From _____ To _____ Supervisor _____

Reason for Leaving _____

ATTENTION - THIS STATEMENT MUST BE SIGNED

I authorize the references and previous employers listed above to give you any and all information concerning any previous employment and pertinent information they may have, personal or otherwise. I release all parties from all liability and from all damages that may result. I specifically waive any rights to be notified under Section 6(3)(a) of the Michigan Bullard-Plawecki Act of the release of personnel file information by prior employers and of the release of personnel file information to prospective employers by the Recreation Authority of Roseville & Eastpointe. All of the statements provided by me in this Employment Application are subject to investigation by the Recreation Authority of Roseville & Eastpointe. I understand that a false answer to any question in this Application constitutes grounds to not employ me or grounds to terminate my employment, if hired.

I understand I am subject to a background investigation which may include finger print checks, a review of police and arrest records, and a review of any criminal conviction history.

I understand that neither this document nor any offer of employment constitutes a contract of employment. In consideration of my employment, I agree to conform to the rules and regulations established by the Recreation Authority of Roseville & Eastpointe. Further, I understand and agree that my employment is for no definite period of time and my employment and compensation can be terminated at any time, with or without cause, with or without notice, and without regard to the date of payment of my wages or salary, at the option of either the employer or myself.

I further understand that to benefit from the protections of the Michigan Handicappers' Civil Rights Act, MCL 37.1101, et seq., I must notify the City in writing of the need for a handicap accommodation within 182 days of the date I knew or should have known that an accommodation was needed.

Applicant Signature

Date