

HUMAN RESOURCES DEPARTMENT  
 WEST CITY HALL  
 4500 Maple  
 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 reverse side of page

I am applying for:

1. Title of Position: **Recreation Assistant (PT/T) – Pro Shop**

2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Social Security No. \_\_\_\_\_

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? 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

Cit.		Naturalization Date			
V.P.		Court	Date		
		No.	By		
Exam/Int.	By	Results	By	Rejected	By

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





