



# CITY OF SAGINAW EMPLOYMENT APPLICATION

**Pre-Employment Drug Testing:** The City of Saginaw administers pre-employment testing for drug usage. If results are positive, they will be considered in an employment decision and may result in a rejection for employment.

1. INSTRUCTIONS: **Please type or print neatly using black or blue ink.** Answer all questions. Use a separate sheet of paper for additional information or explanation. All statements are subject to investigation and verification.

2. TITLE OF POSITION APPLIED FOR:

3. NAME:

First

Middle

Last

4. ADDRESS:

Street No.

Street Name

City

State

Zip

5. TELEPHONE:

6. SOCIAL SECURITY NO:

7. Have you ever served in the U.S. Armed Forces? Yes \_\_\_ No \_\_\_ Branch \_\_\_\_\_

If yes, what type discharge received? Honorable \_\_\_ Dishonorable \_\_\_ General \_\_\_ Other \_\_\_\_\_

8. Citizen of U.S.A.? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Have you ever been convicted of a crime other than traffic violations? Yes \_\_\_ No \_\_\_  
If yes, list place, date and details of ALL convictions in block reserved for comments. (See section 17.)

10. Have you ever been fired or forced to resign from a position? Yes \_\_\_ No \_\_\_  
If yes, give date, where you worked and explanation in block reserved for comments. (see section 17.)

11. Do you have any relatives employed by the City? Yes \_\_\_ No \_\_\_ If yes, give their names and your relationship:

12. Have you ever been employed by the City? Yes \_\_\_ No \_\_\_  
If yes, give the dates, position(s) held and the name you used, if other than your present name.

13. Education: **Circle** highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19

School	Name and Location (City, State)	Major Courses	Did you graduate?
High School			
Business			
College			
Post Graduate			

14. List any special courses taken:

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15. **EMPLOYMENT RECORD:** Give a complete record of your employment or business activities for at least the past ten (10) years. Indicate any experience you have had which is applicable to the type of work for which you are applying.

**BEGIN WITH YOUR MOST RECENT EMPLOYER ON THE TOP LINE**

<b><u>Dates</u></b> From	To	Title of Position	Starting Salary	Ending Salary
Name of Company		Duties		
Address (City, State)				
Name of Supervisor				
<b><u>Dates</u></b> From	To	Title of Position	Starting Salary	Ending Salary
Name of Company		Duties		
Address (City, State)				
Name of Supervisor				
<b><u>Dates</u></b> From	To	Title of Position	Starting Salary	Ending Salary
Name of Company		Duties		
Address (City, State)				
Name of Supervisor				
<b><u>Dates</u></b> From	To	Title of Position	Starting Salary	Ending Salary
Name of Company		Duties		
Address (City, State)				
Name of Supervisor				

16. Other skills/talents/interests:

17. Comments and Explanations:

I hereby authorize the City of Saginaw to obtain from my former employers all data needed to support this application. I certify the information given by me is true and complete to the best of my knowledge and belief. I understand that any falsification of material facts will be grounds for rejection of this application or dismissal after employment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



## CITY OF SAGINAW APPLICANT DATA CARD

The City of Saginaw is an Equal Opportunity Employer. This confidential Applicant Data Card is intended to help us collect information required as part of the City's Equal Employment Opportunity Program. Under State and Federal law, it may not be used to discriminate against you. Information is used only for statistical reporting purposes. All responses are completely voluntary. Refusal to respond will not result in adverse treatment of any applicant. Please return this card to the Office of Employee Services with your application.

**Title of Position Applied For:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Race:</b> White _____	<b>Sex:</b> Male _____	<b>How you learned of Job Opening:</b>
Black/African American _____	Female _____	Ad (newspaper or publication) _____
Hispanic/Latino _____		Job Announcement Flyer _____
Amer. Indian/Alaska Native _____		Job Information Phone Line _____
Asian _____		SGTV Cable TV _____
Native Hawaiian or _____	<b>Birth Date:</b> ___/___/___	Word of Mouth _____
other Pacific Islander _____		Internet/Computer _____
Multiracial _____		Other _____

Are you a U.S. Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give dates of enlistment: \_\_\_\_\_

Do you have any disabilities or physical limitations in performing any job-related functions for which accommodations should be made? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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