



The City of Wayne  
 3355 South Wayne Road  
 Wayne, MI 48184  
 Phone 734-419-0194  
 Fax 734-722-8763  
 www.cityofwayne.com

**Application for Employment** (current postings only)

Please complete this application by typing or printing legibly in ink. APPLICATION MUST BE COMPLETED IN ITS ENTIRETY BY THE APPLICANT. PLEASE DO NOT INCLUDE ANY EXTRANEIOUS INFORMATION (BIRTH CERTIFICATE, LICENSE, ETC.) The City of Wayne reserves the right to reject incomplete applications. Return the completed application to the Personnel Department in person, by mail, fax or email to: [jobs@cityofwayne.com](mailto:jobs@cityofwayne.com)

The City of Wayne thanks you for your interest and taking the time to apply.

TITLE OF POSITION APPLYING FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_  
 Number & Street City Zip

PHONE: \_\_\_\_\_ BEST TIME TO CALL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ARE YOU AT LEAST 18 YEARS OLD? \_\_\_\_\_ IF UNDER 18, CAN YOU PROVIDE A WORK PERMIT? \_\_\_\_\_

HAVE YOU APPLIED HERE BEFORE? IF YES, WHEN? \_\_\_\_\_ HAVE YOU WORKED HERE BEFORE? IF YES, GIVE DATES: \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE TO WORK IN THIS COUNTRY? \_\_\_\_\_  
 (proof of U.S. citizenship or immigration status will be required upon employment. Police and Fire applicants MUST be U.S. citizens)

DATE AVAILABLE: \_\_\_\_\_ ARE THERE DAYS/TIMES THAT YOU WOULD BE UNABLE TO WORK? \_\_\_\_\_

ARE YOU ON A LAY-OFF OR SUBJECT TO RECALL? \_\_\_\_\_

ARE YOU A MILITARY VETERAN? \_\_\_\_\_ IF YES, WHICH BRANCH? \_\_\_\_\_ DATES OF SERVICE? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_ IF YES, PLEASE EXPLAIN BELOW:  
 \_\_\_\_\_

HOW DID YOU HEAR OF THIS POSITION? \_\_\_\_\_

**Police and Fire applicants – please use the checkboxes below**

**Police requirements**

- Certified Police Officer in state of MI
- Currently enrolled in/attending Police Academy
- Completed MCOLES reading and writing exam expiration date \_\_\_\_\_
- Completed MCOLES physical Agility test expiration date \_\_\_\_\_
- EMPCO test \_\_\_\_\_

**Fire requirements**

- Certified through the state of MI as Firefighter II
- I possess a current, valid paramedic license
- Certified in Advanced Cardiac Life Support (ACLS)
- Completed CWW written exam expiration date \_\_\_\_\_
- Completed CWW physical agility testing expiration date \_\_\_\_\_

The City of Wayne does not discriminate against any individual or group because of race, religion, gender, national origin, color, marital or veteran status, handicap, disability, height or weight in employment or the provision of services.

6/17/2021

EMPLOYMENT HISTORY - List your last three (3) employers, military assignments, or volunteer activities, starting with the most recent. Explain any gaps in employment. Use additional sheets if needed.

Name of Employer	_____	
Address	_____	
Phone	_____	Dates of employment _____
Job title and duties	_____ _____ _____	
Rate of Pay	_____	Reason for leaving _____
Supervisor name	_____	Phone _____
May we contact for reference?	Yes _____ No _____	Later _____
Comments	_____	

Name of Employer	_____	
Address	_____	
Phone	_____	Dates of employment _____
Job title and duties	_____ _____ _____	
Rate of Pay	_____	
Reason for leaving	_____	
Supervisor name	_____	Phone _____
May we contact for reference?	Yes _____ No _____	Later _____

Name of Employer	_____	
Address	_____	
Phone	_____	Dates of employment _____
Job title and duties	_____ _____ _____	
Rate of Pay	_____	
Reason for leaving	_____	
Supervisor name	_____	Phone _____
May we contact for reference?	Yes _____ No _____	Later _____

EDUCATION – List the last three (3) schools attended, starting with the most recent.

SCHOOL NAME _____	YEARS COMPLETED _____
DEGREE/DIPLOMA _____	GPA/ CLASS RANK _____
MAJOR _____	MINOR _____
COMMENTS _____	

SCHOOL NAME _____	YEARS COMPLETED _____
DEGREE/DIPLOMA _____	GPA/ CLASS RANK _____
MAJOR _____	MINOR _____
COMMENTS _____	

SCHOOL NAME _____	YEARS COMPLETED _____
DEGREE/DIPLOMA _____	GPA/ CLASS RANK _____
MAJOR _____	MINOR _____
COMMENTS _____	

PLEASE LIST ANY ADDITIONAL LANGUAGES AND SKILL LEVEL \_\_\_\_\_

PLEASE LIST ANY SPECIAL SKILLS/ACCOMPLISHMENTS THAT MAY QUALIFY YOU FOR THIS POSITION (licenses, certifications, publications, awards)  
Please exclude information that would reveal race, sex, religion, national origin, age, handicap, or other protected status.

\_\_\_\_\_

PLEASE LIST PROFESSIONAL, TRADE, OR CIVIC ASSOCIATIONS AND /OR ANY OFFICES HELD Please exclude membership information that would reveal race, sex, religion, national origin, age, handicap, or other protected status.

\_\_\_\_\_

REFERENCES – List name and phone number of three (3) business/work references who are not previous supervisors. If not applicable, list three (3) school or personal references. Please do not use relatives.

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_

HOW DO YOU KNOW THIS PERSON? \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_

HOW DO YOU KNOW THIS PERSON? \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_

HOW DO YOU KNOW THIS PERSON? \_\_\_\_\_

**AUTHORIZATION SIGNATURE & UNDERSTANDING (Please read carefully, initial each paragraph, and sign below)**

I certify that the answers and information given by me in this application are true, correct and complete without qualification. I understand that the City has the right to refuse to hire or immediately discharge me, at any time, if it discovers that I have provided incomplete, untrue, or misleading answers or information in this application or on any other documents or forms submitted at any time during my employment.

**INITIALS:** \_\_\_\_\_

I hereby authorize the City to verify the answers and information given by me in this application and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions, and any other third party contacted by the City to release to the City any information they have regarding me without providing written notice to me.

**INITIALS:** \_\_\_\_\_

I understand that no personnel recruiter, interviewer or other representative of the City has any authority to enter into any agreement for employment for any specified time or agree to any wage schedule without the approval of the Personnel Director.

**INITIALS:** \_\_\_\_\_

I agree not to commence any action or claim relating to my employment with the City or this application for employment more than six months after termination of such employment or the date of this application, and to waive any statute of limitations to the contrary.

**INITIALS:** \_\_\_\_\_

I understand that under Michigan law, I must notify the City of Wayne Personnel Department in writing of a need for an accommodation of a handicap within 182 days of the date I know or should have known that an accommodation is needed. Failure to properly notify the City may preclude any claim that the City failed to accommodate me.

**INITIALS:** \_\_\_\_\_

I agree that any action or suit against the City, arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary

**INITIALS:** \_\_\_\_\_

I agree that either party may terminate the employment relationship, with or without cause, at any time, and further agree that this arrangement may only be altered in writing directed to me personally and signed by the City Manager or Designee. I agree that I shall be bound by the rules, regulations, policies, procedures, and other terms and conditions of employment of the City as they are from time to time changed, and no additional obligations can be imposed on the City except those which have been acknowledged in writing, by the City Manager or his/her designated representatives.

**INITIALS:** \_\_\_\_\_

I further agree that my employment is conditional until such time as the results of my post offer physical and/or psychological examination (if such examination is required) are known. I understand that I must complete the physical within forty eight (48) hours of accepting the position or the job offer may be rescinded at the City's discretion.

**INITIALS:** \_\_\_\_\_

**I HEREBY CERTIFY THAT I AM NOT CURRENTLY ENGAGED IN THE ILLEGAL USE OF DRUGS.** I understand that as a condition of employment, I may be required to take a pre-employment drug test for the illegal use of drugs which may include the collection of urine samples from my person. I agree that the results of this test may be submitted to the City of Wayne, or its authorized representative, and I expressly release the collection agency and the testing laboratory from any and all liability for performing the requested test, and for communicating the results to the City. I understand that if the results of any pre-employment drug test are positive, it will be cause for rejection of my application or, if I am hired, that my employment with the City may be immediately terminated.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Applicants are considered for employment without regard to age, race, color, religion, sex, national origin, marital or veteran status, medical condition or disability.  
Date of birth will be required from applicants to facilitate a background check.



**City of Wayne Personnel Department**  
**3355 S. Wayne Road Wayne, Michigan 48184**  
**(734) 419-0194**

**EQUAL EMPLOYMENT OPPORTUNITY DATA**

In accordance with **FEDERAL EQUAL OPPORTUNITY GUIDELINES**, the City of Wayne is required to maintain statistical data pertaining to the sex and race of job applicants. The information obtained from this form is used for statistical purposes only and does not become part of your application for employment. Please assist us in obtaining this required data by checking the appropriate boxes below. **This is strictly voluntary: if you choose not to participate, check "Not Participating."**

Thank you for your cooperation.

Name: \_\_\_\_\_

Position applying for: \_\_\_\_\_

Please include even if not participating in survey below

Male \_\_\_\_\_ Female \_\_\_\_\_

**Ethnic Group**

Please only check one box

African – American \_\_\_\_\_  
Native – American \_\_\_\_\_  
Arab – American \_\_\_\_\_  
Pacific Islander/Oriental \_\_\_\_\_  
Hispanic \_\_\_\_\_  
European \_\_\_\_\_  
Other \_\_\_\_\_

**Race**

Please only check one box

Black \_\_\_\_\_  
Native – American \_\_\_\_\_  
Asian \_\_\_\_\_  
Hispanic \_\_\_\_\_  
Caucasian \_\_\_\_\_  
Other \_\_\_\_\_

No, I am not participating in this survey \_\_\_\_\_