



Application for Employment

City of Rochester • Human Resources Department
400 Sixth St. • Rochester, Michigan 48307
Phone: (248) 651-9061 • Fax: (248) 609-0192
E-Mail: HR@rochestermi.org

The City of Rochester is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital status, family status, veteran status, physical or mental disability, sexual orientation, gender identity or any other protected category. We provide reasonable accommodation for qualified individuals with a disability if requested.

Type or print in blue ink. You are required to answer all questions completely, even if you enclose a resume. Extra pages may be attached if you need them. You are responsible for complying with any application deadlines. This form may be turned in at the Human Resources Department, mailed to the above address, faxed to (248) 609-0192, or emailed to HR@rochestermi.org.

Position Applied for: _____ Date: _____

Name: _____
Last First Middle

Address: _____
Street City County State Zip Code

Telephone: _____
Home Number Work Number

Cell Phone: _____ Driver's License No: _____

E-Mail Address: _____

Are you 18 years of age or older?Yes No

EDUCATION AND TRAINING

	High School	Vocational/ Technical	College	Graduate School
School Name, City/State				
Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/> GED <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____
Number of credit hours earned				
Degree/Certificate				
Major/Minor				

Describe any specialized training, apprenticeships, internships, skills, licenses, endorsements, certificates, and extracurricular activities that pertain to the position for which you are applying (include CDL licenses and endorsements):

List professional, trade, business group memberships and offices held and volunteer work. Exclude the name and character of groups which indicate race, color, sex, religion, national origin, age, height, weight, marital status, family status, veteran status, physical or mental disability, sexual orientation, gender identity or any other protected category:

EMPLOYMENT HISTORY

Start with present or most recent job and list all previous employers. If you need more space, continue on a separate sheet.

Employer	Dates		Hourly Rate/Salary	
Telephone + Area Code	From	To	Start	Final
Address (City, State, Zip)				
Job Title	Supervisor			
Reason(s) for Leaving	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> _____			
Work Performed				

Employer	Dates		Hourly Rate/Salary	
Telephone + Area Code	From	To	Start	Final
Address (City, State, Zip)				
Job Title	Supervisor			
Reason(s) for Leaving	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> _____			
Work Performed				

Employer	Dates		Hourly Rate/Salary	
Telephone + Area Code	From	To	Start	Final
Address (City, State, Zip)				
Job Title	Supervisor			
Reason(s) for Leaving	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> _____			
Work Performed				

Employer	Dates		Hourly Rate/Salary	
Telephone + Area Code	From	To	Start	Final
Address (City, State, Zip)				
Job Title	Supervisor			
Reason(s) for Leaving	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> _____			
Work Performed				

PROFESSIONAL REFERENCES

(Do include former employers)

Name	Address	Phone Number + Area Code
	Address City State Zip	
	Address City State Zip	
	Address City State Zip	

Are you a relative by birth or marriage to any City of Rochester employee or elected official?.....Yes No

If yes, please list below:

Name Department Relationship

Name Department Relationship

When can you start?

What kind of employment are you interested in? Check as many as you like.

Full Time Part Time Seasonal Temporary

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States of America or in a State National Guard?Yes No

(If yes, please attach DD214)

If Yes, what branch? _____ Rank at discharge _____

Dates of Service _____ Date of discharge _____

AGREEMENT AND UNDERSTANDING

I certify that the information in this application is true, complete and correct to the best of my knowledge and understand that falsification, misleading, misrepresentation, or omission of any information submitted in connection with my application or interview, whether in this document or not, may result in rejection of my application or, if hired, in dismissal.

Signature: _____ Date: _____