



Application for Employment

Parks and Recreation Department Part-time/Temporary

3179 Livernois
Troy, MI 48083
248-524-3484
www.troymi.gov

Instructions: Type or print in ink. Complete all sections, even if you attach a resume. Return to the address above. Your application will remain on file for at least one year from the date of submission.

Areas of Interest: Check up to three (3) program areas that interest you. See current employment opportunities list for descriptions.

<p>ATHLETIC and SPORTS PROGRAMS</p> <input type="checkbox"/> Basketball <input type="checkbox"/> Softball <input type="checkbox"/> Flag Football <input type="checkbox"/> T-Ball/Coach-Pitch <input type="checkbox"/> Floor Hockey <input type="checkbox"/> Tennis <input type="checkbox"/> Lacrosse <input type="checkbox"/> Scorekeeper <input type="checkbox"/> Soccer <input type="checkbox"/> Referee/Official <input type="checkbox"/> Other _____	<p>AQUATICS</p> <input type="checkbox"/> Lifeguard <input type="checkbox"/> Swim Instructor <input type="checkbox"/> Cashier (Summer)	<p>OTHER PROGRAMS and OPPORTUNITIES</p> <input type="checkbox"/> Adaptive Recreation <input type="checkbox"/> Nature Center <input type="checkbox"/> Arts/Crafts <input type="checkbox"/> Pre-School <input type="checkbox"/> Babysitting <input type="checkbox"/> Recreation Aide <input type="checkbox"/> Camp Counselor <input type="checkbox"/> Special Events Supervisor <input type="checkbox"/> Fitness <input type="checkbox"/> Community Center Attendant <input type="checkbox"/> Golf <input type="checkbox"/> Other _____
--	--	---

General Information

POSITION TITLE (if applying for a specific position)				DATE	
LAST NAME		FIRST	MIDDLE	NICKNAME	
				LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	
ADDRESS			DRIVER LICENSE NUMBER		STATE
CITY		STATE	ZIP CODE		EMAIL ADDRESS
PRIMARY PHONE NUMBER Indicate: <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Cell		ALTERNATE PHONE NUMBER Indicate: <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Cell		DATES YOU CAN WORK (mm / dd / yy) START _____ / _____ / _____ END _____ / _____ / _____	
WEEKLY SCHEDULE AVAILABILITY (Specify days and times you are available to work)					
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Varies					
Start: _____		Start: _____		Start: _____	
End: _____		End: _____		End: _____	
Are you a current City of Troy employee? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you a former City of Troy employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, when: _____ Position(s) Held: _____		
<i>If under 18, proof of eligibility to work (work permit) will be required.</i>			Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of citizenship or immigration status will be required upon employment.</i>		
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			A conviction record will not necessarily be a bar to employment and other factors such as age and time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account.		
If yes, indicate when, where and the nature of the offense:					
Are you related to anyone employed by, or an elected official of, the City of Troy? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide the person's name, department and your relationship:					
Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, explain:					
Skills, Certifications, Licenses, and Registrations Received:					

Education – indicate present or most recent school attended

NAME OF HIGH SCHOOL AND LOCATION (City, State)	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you in High School now? <input type="checkbox"/> Yes Current Grade: _____
NAME OF COLLEGE/UNIVERSITY AND LOCATION (City, State)	COURSE OF STUDY (MAJOR) Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Type of Degree (i.e. BA/BS) _____
PROFESSIONAL ORGANIZATIONS	

Employment History – indicate most recent jobs held. Attach an additional sheet, if necessary.

JOB 1 – CURRENT OR MOST RECENT EMPLOYER	EMPLOYMENT DATES (mm / yy) START ____/____/____ END ____/____/____	
COMPANY NAME and LOCATION (City, State)	JOB TITLE	FULL-TIME or PART-TIME
DESCRIBE WHAT YOU DO/DID		REASON FOR LEAVING
JOB 2 – NEXT MOST RECENT EMPLOYER	EMPLOYMENT DATES (mm / yy) START ____/____/____ END ____/____/____	
COMPANY NAME and LOCATION (City, State)	JOB TITLE	FULL-TIME or PART-TIME
DESCRIBE WHAT YOU DO/DID		REASON FOR LEAVING
JOB 3 – NEXT MOST RECENT EMPLOYER	EMPLOYMENT DATES (mm / yy) START ____/____/____ END ____/____/____	
COMPANY NAME and LOCATION (City, State)	JOB TITLE	FULL-TIME or PART-TIME
DESCRIBE WHAT YOU DO/DID		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-Plawewski Act of the release of personnel file information by prior employers and of the release of personnel file information to prospective employers by the City of Troy. All of the statements provided by me in this Employment Application are subject to investigation by the City of Troy. 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.

If applying for a position in the Troy Police Department, I understand I am subject to a full background investigation, including finger print checks, a review of police and arrest records, and a review of any criminal conviction history. If applying for a position which involves working with children, I understand that I am subject to a background investigation which will include 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 City of Troy. 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 understand that no employee has the authority to enter into any agreement to employ, an agreement for employment for any specific period of time, or make any agreement contrary to the foregoing, unless contained in an applicable collective bargaining agreement or individual employment agreement signed by myself and the City Manager.

Unless employed under a collective bargaining agreement, I further 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.

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 (sign in ink) _____ **DATE SIGNED** _____