



## APPLICATION FOR EMPLOYMENT

Date \_\_\_\_\_

PLEASE PRINT Failure to complete application in its entirety may result in the rejection of your application

Position for which application is submitted: \_\_\_\_\_

Name \_\_\_\_\_ Last 4 Digits Social Security # \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Telephone # ( ) \_\_\_\_\_ Alternate # ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you a citizen of the United States?  Yes  No

Are you a permanent resident of the United States?  Yes  No

If no, list your visa number \_\_\_\_\_

If you are under 18 years old, can you furnish a work permit?  Yes  No

Do you have friends and/or relatives who are currently working at YCUA?  Yes  No

If yes, indicate name(s) and relationship to you \_\_\_\_\_

How did you learn about employment with YCUA? \_\_\_\_\_

Date available to begin work: \_\_\_\_/\_\_\_\_/\_\_\_\_ Desired Wage: \_\_\_\_\_

Are you willing to work shift work, weekends and holidays as required?  Yes  No

Are you able to perform the essential duties of the position for which you are applying, with or without accommodation?  Yes  No

Have you ever been convicted of a crime or are there any felony charges pending against you?  Yes  No

If yes, please provide date(s) and details: \_\_\_\_\_

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

**If driving is an essential function of this position:** Driver's license number: \_\_\_\_\_

Has your license been restricted or suspended within the past 36 months?  Yes  No

If yes, explain: \_\_\_\_\_

Are you aware of any reason that would prevent you from obtaining a CDL?  Yes  No

### EDUCATION

Name and Location of School Attended	No. of Years	Graduated?	Type of Degree Certificate or Diploma	Major/Minor Field of Study
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/University		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		

### SKILLS AND QUALIFICATIONS

Summarize any special skills, training, equipment, computer literacy, licenses and/or certificates that you possess that may apply to the position for which you applied.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### EMPLOYMENT HISTORY

Provide the following information about your past 4 employers starting with the most recent. Include military service.

FROM TO	EMPLOYER	TELEPHONE #
STARTING JOB TITLE/FINAL JOB TITLE	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CALL FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
REASON FOR LEAVING	HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	

## EMPLOYMENT HISTORY CONTINUED

FROM	TO	EMPLOYER	TELEPHONE #
STARTING JOB TITLE/FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CALL FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	
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MAY WE CALL FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
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MAY WE CALL FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	

## REFERENCES

List persons, other than relatives, likely to know your work skills and abilities.

Name	Telephone	Job Title	Relationship
	(   )		
	(   )		
	(   )		

## APPLICANT STATEMENT

I certify that the facts contained in this application are true, accurate, and complete to the best of my knowledge and understanding. I understand that, if employed, falsified statements or omitted material facts on the application or any submitted resume, may result in my disqualification from consideration for employment, or termination if I am hired.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information. I understand that such information may also include a record of disciplinary action assessed by previous employers, and hereby release such parties from any obligation to notify me of these investigations of my background.

I authorize YCUA to use any information in its possession concerning me for any purpose it deems appropriate, including disclosure of information to any third party without notification to me of such disclosure, and I release YCUA from any liability in connection with such use or disclosure.

I understand that no one has made a promise of employment to me and I understand that if YCUA makes an offer of employment, it will be for an indefinite period of time.

I understand that I will be expected to abide by all policies, procedures, rules, and regulations outlined by Ypsilanti Community Utilities Authority. This includes the residency requirement. I agree to live within 20 miles from the border of the YCUA service area within 90 days of employment.

I understand that this application remains active for one year. At the conclusion of that time, if I have not heard from the employer and still wish to be considered, it will be necessary to reapply and complete a new application.

I understand that if offered employment, and prior to commencement of duties, a physical exam, drug test, and background check will be conducted. I authorize the medical clinic/lab and investigative agencies to release any results to YCUA. I understand that YCUA may condition the offer of employment on the results.

I agree that this is my statutory notice under Michigan law that I must notify YCUA of any needed accommodation to enable me to do a job within 182 days of when I knew or should have known of such a need because of handicap, or I will be unable to rely on YCUA's statutory duty to accommodate, if any.

I understand that if an offer of employment is made, I will be required to provide proof of identity and legal authority to work in the United States as a condition of employment. An I-9 form is required of all new employees in compliance with federal immigration laws.

**I understand that Ypsilanti Community Utilities Authority is an Equal Opportunity Employer and that the Authority does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, sexual orientation, age, disability, veteran status or any other prohibited basis of discrimination under applicable laws. No question on this application is intended to secure information to be used in such discrimination.**

### THE FOLLOWING STATEMENT MUST BE ACKNOWLEDGED FOR YOUR APPLICATION TO BE CONSIDERED.

By checking this box, I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement. The typed name on the signature line below serves as my electronic signature to the Applicant Statement.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_