



## Application for Employment

Applications are kept on file for one year. Only successful candidates will be contacted for an interview. Current job postings complete with job descriptions can be found at:

<http://www.wbparks.org/employment.html>

**Mail to:** Recreation Activities Center ATTN: Human Resources  
4640 Walnut Lake Road, West Bloomfield, MI 48323

**Email:** [hr@wbparks.org](mailto:hr@wbparks.org)

### Personal Information:

Date of Application \_\_\_\_\_ Position Applying for \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Day Time Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Are you 18 years or older? Yes No

If you are under 18 years old, will you be able to provide a work permit? Yes No

Can you provide proof of eligibility for employment in the United States? Yes No

Proof of eligibility will be required upon employment.

If you are currently employed, may we inquire of your present employer? Yes No

What notice would be required for current employer? \_\_\_\_\_

Were you referred by a West Bloomfield Parks employee and if yes, who? \_\_\_\_\_

### Please list 3 Business References-Do not use relatives or friends.

Name	Email	Phone	Company
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Education (or attach résumé with the below information included):**

High School Name \_\_\_\_\_ Graduation Date \_\_\_\_\_ GPA \_\_\_\_\_

College/Tech School Name \_\_\_\_\_ Graduation Date \_\_\_\_\_

GPA \_\_\_\_\_ Degree \_\_\_\_\_ Major field of study \_\_\_\_\_

College/Tech School Name \_\_\_\_\_ Graduation Date \_\_\_\_\_

GPA \_\_\_\_\_ Degree \_\_\_\_\_ Major field of study \_\_\_\_\_

Do you have a commercial Driver's License? Yes      No

List any motor vehicles or other equipment you have experience operating:

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List any professional licenses or certifications you currently hold and date awarded (for example, CPRP, CTRS, WSI, AFO, Pesticides, First Aid/CPR, Electrical Journeyman, etc.)

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List any special skills, training or talents:

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Have you ever been dismissed from or asked to resign from any employment position?

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

Have you ever been convicted of a felony? Yes No

If so, when, where, and what was the nature of the offense?

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Are there any felony charges pending against you?

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

NOTE: A conviction of a felony or felony charges against you may not be an absolute bar to employment.

**Current and Former Employers (or attach résumé):**

*Employer #1*

Name of Employer \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Last Salary or Hourly Rate \$ \_\_\_\_\_

Position Held \_\_\_\_\_

Address of Employer \_\_\_\_\_

City/ State / Zip \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

*Employer #2*

Name of Employer \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Last Salary or Hourly Rate \$ \_\_\_\_\_

Position Held \_\_\_\_\_

Address of Employer \_\_\_\_\_

City/ State / Zip \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

*Employer #3*

Name of Employer \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Last Salary or Hourly Rate \$ \_\_\_\_\_

Position Held \_\_\_\_\_

Address of Employer \_\_\_\_\_

City/ State / Zip \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

**Applicants are invited to submit resumes or attach other pertinent information in written form.**

## I have read and understand the following:

I certify that the answers given on the application are true and complete to the best of my knowledge and understand that false or misleading statements or omissions on this application may be considered sufficient cause for cancellation of my application or for dismissal if hired, whenever they may be discovered.

I understand that if hired, any employment is at-will. This means that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the West Bloomfield Parks and Recreation Commission hereinafter (the Commission) or myself.

I understand that only the Director has the authority to amend this "employment-at-will" relationship and that such amendment must be in writing and signed by the Director. No other person may alter or amend this relationship.

I authorize the investigation of all statements contained in this application for employment and my request for employment as may be necessary for the Commission to arrive at an employment decision.

I understand that this employment application does not represent an offer or promise of employment and that the use of this application form does not indicate that there are any positions open and does not, in any way, obligate the Commission.

So that the Commission may be fully informed as to my qualifications for employment, I authorize my present and/or former employers and other persons who may have information regarding my qualifications to furnish the Commission with such information and inasmuch as this information is furnished at my express request and for my benefit, I agree to release and hold harmless any persons, former employers or other entities from any liability because of their furnishing such information.

I agree that my complete record as an employee including information as to my ability and performance and the cause of my leaving the Commission may be given to any prospective employer with whom I may hereafter seek employment and I hereby release the Commission, its appointed and elected officials, employees, volunteers, attorneys, assigns, agents and successors from any and all liability for damages of any nature by reason of the furnishing of such information.

I hereby waive written notice from my employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel records. This waiver is made pursuant to the Bullard-Plawecki Employee Right-To-Know Act.

I agree that no agent of the Commission has made any promises concerning the terms and conditions of my employment with the Commission.

I understand that the Commission may require me to undergo a physical examination and/or drug and alcohol test. I agree to take such an examination and/or test and understand that my employment may be conditioned on the result of such an examination and/or test.

I understand that I am required to abide by all of the rules and regulations of the Commission.

Any applicant for employment or employee needing accommodation because of a handicap or disability to perform the essential functions of his or her job must notify the Commission in writing of the need for accommodation within 182 days after the date the disabled or handicapped individual knew or reasonably should have known that an accommodation was needed.

This application for employment shall be considered for a period of time not to exceed thirty (30) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether applications are being accepted at that time.

**Applicant Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_