



HURON-CLINTON METROPOLITAN AUTHORITY
 Administrative Offices
 13000 High Ridge Drive, Brighton, Michigan 48114-9058
 Telephone: (810) 227-2757 or 1-800-47-PARKS

EMPLOYMENT APPLICATION
 An Equal Opportunity Employer

APPLICANTS MAY REQUEST ASSISTANCE FROM HUMAN RESOURCES OR PARK OFFICE TO COMPLETE THIS FORM

POSITION APPLIED FOR: 1) _____ 2) _____

PRINT NAME IN FULL: _____
 (Last) (First) (Middle)

OTHER NAMES, IF ANY, UNDER WHICH YOU HAVE WORKED OR ATTENDED SCHOOL: _____

EMPLOYMENT DESIRED: REGULAR PART TIME SEASONAL DATE AVAILABLE: _____

PERSONAL DATA

ADDRESS: _____ PHONE NUMBER: _____ ALTERNATE NUMBER: _____
 (Number) (Street) (City) (State) (ZIP)

DRIVERS LICENSE NUMBER, TYPE AND ISSUE DATE: _____ HOW LONG A RESIDENT OF MICHIGAN? _____ ARE YOU OVER THE AGE OF 18? YES NO

WERE YOU EVER PREVIOUSLY EMPLOYED BY THE AUTHORITY? YES NO IF YES, LOCATION _____

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO IF NO, DO YOU HAVE THE LEGAL RIGHT TO REMAIN PERMANENTLY IN THE UNITED STATES? YES NO

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? YES NO IF YES, COMPLETE THE FOLLOWING:

DATE: _____ OFFENSE: _____ PLACE: _____ DISPOSITION: _____

FOR POLICE OFFICER APPLICANTS ONLY

APPLICANT MUST BE A CERTIFIED PEACE OFFICER OR A CERTIFIABLE POLICE ACADEMY GRADUATE IN THE STATE OF MICHIGAN

ARE YOU OVER THE AGE OF 21? YES NO HAVE YOU EVER BEEN BONDED? YES NO IF YES, ON WHAT JOBS? _____

FOR SEASONAL OR PART TIME APPLICANTS ONLY

ARE YOU AVAILABLE TO WORK WEEKENDS AND HOLIDAYS BEFORE STARTING DATE? YES NO TERMINATION DATE: _____

DO YOU HAVE CURRENTLY EFFECTIVE AMERICAN RED CROSS CERTIFICATES FOR: LIFEGUARD TRAINING CPR FIRST AID

MILITARY SERVICE

BRANCH OF SERVICE: _____ FROM: _____ TO: _____ RANK OR RATING: _____

LIST DUTIES IN THE SERVICE INCLUDING SPECIAL TRAINING: _____

PROFESSIONAL CERTIFICATES AND SOCIETIES

WHAT PROFESSIONAL CERTIFICATES DO YOU HOLD? _____ REGISTRATION NUMBER _____

_____ REGISTRATION NUMBER _____

LIST THE PROFESSIONAL SOCIETIES OF WHICH YOU ARE A MEMBER _____

EDUCATION

INSTITUTION	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	MAJOR FIELD OF STUDY	DID YOU GRADUATE	LIST DEGREES OR DIPLOMAS
HIGH SCHOOL					
COLLEGE					
OTHER TRAINING					

EXPERIENCE

(Please list all employment for the last ten years and begin by listing your last or present employer first)

EMPLOYMENT DATES		COMPANY NAME, MAILING ADDRESS AND PHONE NUMBER	WAGE OR SALARY	STATE DUTIES CLEARLY AND BRIEFLY	SUPERVISOR'S NAME	REASON FOR LEAVING
FROM	TO					

HCMA reserves the privilege of contacting past employers regarding references. May we also contact your present employer at this time? YES NO

Any comments you would care to make regarding your skills, knowledge, abilities and experience which especially qualify you for work with HCMA: _____

PERSONAL REFERENCES

(Other than relatives and former employers)

NAME	COMPLETE MAILING ADDRESS AND ZIP	PHONE	HOW IS EACH ASSOCIATED WITH YOU

Are you related to anyone employed by HCMA? 1) Name _____ Relationship _____ 2) Name _____ Relationship _____

I hereby certify that the foregoing statements are true to the best of my knowledge. I further authorize investigation and verification of all statements contained in this application for employment and release from all liability and responsibility all persons, companies or corporations supplying such information. I understand that such information a record of disciplinary action assessed by previous employers, and hereby release such parties from any obligation to provide me with written notification of such disclosure. I further understand that any misrepresentation, falsification or omission of pertinent facts will subject me to discharge at any time. Further, I agree to take a physical examination and recognize any offer of employment is contingent upon the results of such examination.

APPLICANT'S SIGNATURE: _____ DATE: _____