PROMOTIONAL EMPLOYMENT APPLICATION

"An Equal Opportunity Employer"

CITY OF FLINT
1101 South Saginaw St.
Room 9
Flint, MI 48502
(810)-766-7280
www.cityofflint.com

TITLE OF POSITION Applying for: _____

_____
LAST NAME **FIRST NAME** **M.I.**

ADDRESS_____
NUMBER **STREET** **APT#** **CITY** **STATE** **ZIP**

HOME PHONE_____ **ALT. PHONE** _____**WORK PHONE**_____

DEPARTMENT/DIVISION_____

Are you able to perform the essential functions of the job you are applying for with or without accommodation? ☐ YES ☐ NO

INSTRUCTIONS: • PLEASE PRINT OR TYPE CLEARLY • ANSWER EACH QUESTION • ALL STATEMENTS ARE SUBJECT TO INVESTIGATION AND VERIFICATION •

EDUCATION AND TRAINING

YOU MUST SHOW PROOF THAT YOU MEET THE MINIMUM ENTRANCE REQUIREMENTS OF THE POSITION

	School Name/City, State	Major/Minor	Credits Completed	Degree/ Graduate
College				
Other				

Proof of Degree/Transcripts/Licenses/Certificates/Registration required.

	Title & Number (where applicable)	Granting Agency	Date Granted	Expiration
License				
Certificate				
Registration				

RELEVANT EMPLOYMENT

*YOU **MUST** SHOW PROOF THAT YOU MEET THE MINIMUM ENTRANCE REQUIREMENTS OF THE POSITION*

	From		To		
	Month	Year	Month	Year	**POSITION TITLE**
					DUTIES
	From		**To**		**POSITION TITLE**
	Month	Year	Month	Year	**DUTIES**

HR Personnel Use Only

MER's ☐ YES ☐ NO
By:_____

☐ Educ ☐ Exp ☐ Lic/Cert ☐ Other

	Pass	Fail	Comments:
Writ			
Perf			
Oral			
Other			

Notif.:_____ Prom.:_____

_____ _____
RANK **SCORE**

READ THIS STATEMENT BEFORE SIGNING

I hereby certify that the information supplied on this application is true and correct to the best of my knowledge. I understand that any misrepresentation, falsification or omission of information on this application may result in my failure to receive an offer of employment, or if I am hired, may result in discharge from employment. Unless otherwise noted, I agree that any statements I have made herein may be verified by the City of Flint, which verification may include contact with my former employers.

I understand that all offers of employment are conditioned on my ability to provide proof of my identity and legal ability to work in the United States, and on the satisfactory completion of a post-offer medical examination, which may include a pre-employment drug screen.

_____ _____
Signature Date