
23. Use the space below to enter any information which you feel would be useful as an aid in determining your suitability for the position for which application is being made. You may wish to include volunteer or other uncompensated work experience, informal training, self-study, hobbies, or work experience not shown elsewhere on this application.

24. A civil service test may be required for classified positions.

PLEASE READ AND SIGN BELOW

I certify the facts set forth in this Application of Employment, in my resume, and in any other materials I have submitted are true and complete. I understand that the submission of any false information in connection with my application for employment will result in immediate discharge at any time thereafter, should I be employed by the City of Inkster (hereinafter “the City”).

I hereby authorize the City to contact all my former and current employers, educational institutions, military entities, and the other references I have provided regarding me and my performance record and work, academic and/or military experience I also hereby release the City and its employees, Council Members, officers, and agents, and all of my former and current employers, educational institutions, military entities, and the other references I have provided, from any and all liability and damages for releasing or using information concerning me and my performance record and work, academic and/or military experience. I also hereby waive any right under the Bullard-Plawecki Right to Know Act, 1978 PA 397, to receive written notice from the City or any former or current employer, that disciplinary reports, letters or reprimand, or other disciplinary actions taken against me while employed, will be or have been disclosed to a third person or entity.

I also understand that the City may, in its sole discretion, conduct or have conducted by an individual or entity of its choice, a conviction-only criminal background history search on me. I hereby consent to this search being conducted and to the disclosure of the result of that search by the individual or entity conducting the search to the City. I further hereby release the individual or entity conducting the search, the City, and its employees, Council Members, officers, and agents, from any and all liability, claims and damages, including but not limited

to, claims for releasing or using any information revealed as a result of this search. I also understand and acknowledge that false information provided by me or criminal convictions will result in disqualification from employment with the City or in dismissal from employment if an offer of employment has been made and accepted.

Subsequent to an offer of employment being made, I agree to undergo the necessary medical examination conducted by a physician or other professional of the City's choice and understand that such offer of employment is conditioned upon the results of this examination.

If I am employed, I understand that additional personal data may be required for determination of benefit eligibility and for statistical purposes.

I will abide by all policies, rules and regulations of the City.

Signature of Applicant

Date

Only completed applications will be considered

**APPLICANT DO NOT WRITE BELOW – FOR PERSONNEL
DEPARTMENT USE ONLY**

DATE APPLICATION FILED _____

NOTICE OF EXAMINATION _____

NAME OF EXAMINATION _____

DATE OF EXAMINATION _____

SCORE _____

NOTIFICATION OF STANDING _____

COMMENTS: _____

PERSONNEL DEPT. OFFICIAL SIGNATURE _____ DATE _____