City of Troy
Equal Opportunity Employer
Drug Free Workplace

Application for Employment

Recreation Department
Part-time/Temporary

3179 Livernois
Troy, MI 48083
248-524-3484
troymi.gov

Instructions: Type or print in ink. Complete all sections, even if you attach a resume. Return to the address above. Your application will remain on file for at least one year from the date of submission.

Areas of Interest: Check up to three (3) program areas that interest you. See current employment opportunities list for descriptions.

ATHLETIC PROGRAMS
- ☐ Basketball
- ☐ Softball
- ☐ Scorekeeper
- ☐ Referee/Official
- ☐ Other _____

AQUATICS
- ☐ Lifeguard
- ☐ Swim Instructor
- ☐ Cashier (Summer only)

OTHER PROGRAMS and OPPORTUNITIES
- ☐ Adaptive Recreation
- ☐ Arts/Crafts
- ☐ Babysitting
- ☐ Camp Counselor (Summer only)
- ☐ Community Center Attendant
- ☐ Pre-School
- ☐ Safety Town (Summer only)
- ☐ Recreation Aide
- ☐ Other _____

Referred by: ☐Employee ☐Newspaper Ad ☐Online Ad ☐School Career Center ☐WTRY ☐Job Fair ☐Other _____

General Information

POSITION TITLE (if applying for a specific position)				DATE
LAST NAME	FIRST	MIDDLE	NICKNAME	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
ADDRESS			DRIVER LICENSE NUMBER	STATE
CITY	STATE	ZIP CODE	EMAIL ADDRESS	
PRIMARY PHONE NUMBER Indicate: Home / School / Work / Cell	ALTERNATE PHONE NUMBER Indicate: Home / School / Work / Cell		ADDITIONAL PHONE NUMBER Indicate: Home / School / Work / Cell	
DATES YOU CAN WORK (mm / dd / yy) START _____ / _____ / _____ END _____ / _____ / _____	WEEKLY SCHEDULE AVAILABILITY (Include days and times you are available to work)			

Are you a current City of Troy employee? ☐ Yes ☐ No

Are you at least 18 years of age? ☐ Yes ☐ No

If under 18, proof of eligibility to work (work permit) will be required.

Are you a former City of Troy employee? ☐ Yes ☐ No

If yes, when: _____ Position(s) Held: _____

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

Proof of citizenship or immigration status will be required upon employment.

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, indicate when, where and the nature of the offense:

A conviction record will not necessarily be a bar to employment and other factors such as age and time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account.

Are you related to anyone employed by, or an elected official of, the City of Troy? ☐ Yes ☐ No

If yes, provide the person's name, department and your relationship:

Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation? ☐ Yes ☐ No
If no, explain:

List any special skills, certifications, or licenses:

Education – indicate present or most recent school attended

NAME OF HIGH SCHOOL AND LOCATION (City, State)	Did you graduate? If no, do you have a GED? If no, are you in High School now?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes Current Grade: _____
NAME OF COLLEGE/UNIVERSITY AND LOCATION (City, State)	COURSE OF STUDY (MAJOR)	Did you graduate? ☐ Yes ☐ No If yes: Type of Degree (i.e. BA/BS) _____
PROFESSIONAL ORGANIZATIONS		

Employment History – indicate most recent jobs held. Attach an additional sheet, if necessary.

JOB 1 – CURRENT OR MOST RECENT EMPLOYER	EMPLOYMENT DATES (mm / yy) START _____/_____	END _____/_____
COMPANY NAME and LOCATION (City, State)	JOB TITLE	FULL-TIME or PART-TIME
DESCRIBE WHAT YOU DO/DID		REASON FOR LEAVING
JOB 2 – NEXT MOST RECENT EMPLOYER	EMPLOYMENT DATES (mm / yy) START _____/_____	END _____/_____
COMPANY NAME and LOCATION (City, State)	JOB TITLE	FULL-TIME or PART-TIME
DESCRIBE WHAT YOU DO/DID		REASON FOR LEAVING
JOB 3 – NEXT MOST RECENT EMPLOYER	EMPLOYMENT DATES (mm / yy) START _____/_____	END _____/_____
COMPANY NAME and LOCATION (City, State)	JOB TITLE	FULL-TIME or PART-TIME
DESCRIBE WHAT YOU DO/DID		REASON FOR LEAVING

ATTENTION - THIS STATEMENT MUST BE SIGNED

I authorize the references and previous employers listed above to give you any and all information concerning any previous employment and pertinent information they may have, personal or otherwise. I release all parties from all liability and from all damages that may result. I specifically waive any rights to be notified under Section 6(3)(a) of the Michigan Bullard-Plawecki Act of the release of personnel file information by prior employers and of the release of personnel file information to prospective employers by the City of Troy. All of the statements provided by me in this Employment Application are subject to investigation by the City of Troy. I understand that a false answer to any question in this Application constitutes grounds to not employ me or grounds to terminate my employment, if hired.

If applying for a position in the Troy Police Department, I understand I am subject to a full background investigation, including finger print checks, a review of police and arrest records, and a review of any criminal conviction history. If applying for a position which involves working with children, I understand that I am subject to a background investigation which will include a review of any criminal conviction history.

I understand that neither this document nor any offer of employment constitutes a contract of employment. In consideration of my employment, I agree to conform to the rules and regulations established by the City of Troy. Further, I understand and agree that my employment is for no definite period of time and my employment and compensation can be terminated at any time, with or without cause, with or without notice, and without regard to the date of payment of my wages or salary, at the option of either the employer or myself. I understand that no employee has the authority to enter into any agreement to employ, an agreement for employment for any specific period of time, or make any agreement contrary to the foregoing, unless contained in an applicable collective bargaining agreement or individual employment agreement signed by myself and the City Manager.

Unless employed under a collective bargaining agreement, I further agree that any action or suit against the City arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

I further understand that to benefit from the protections of the Michigan Handicappers' Civil Rights Act, MCL 37.1101, et seq., I must notify the City in writing of the need for a handicap accommodation within 182 days of the date I knew or should have known that an accommodation was needed.

APPLICANT SIGNATURE (sign in ink) _____ DATE SIGNED_____