



**An Equal Opportunity Employer**

Please TYPE or PRINT all information.

Incomplete information may delay or disqualify your application

**Village of Milford**  
1100 Atlantic Street  
Milford, Michigan 48381  
Phone: 248.684.1515  
[www.villageofmilford.org](http://www.villageofmilford.org)

**APPLICATION FOR EMPLOYMENT**

The Village of Milford does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based upon job-related qualifications.

**Position Applied For:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Desired Pay:** \_\_\_\_\_ *Hourly / Annual* **Date Available:** \_\_\_\_\_

**GENERAL INFORMATION**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_  
**Other Names:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Primary Phone Number:** \_\_\_\_\_ **Secondary Phone Number:** \_\_\_\_\_

If hired, can you furnish proof you are eligible to work in the U.S.? YES  NO

Are you at least 18 years of age? YES  NO

Have you ever been employed by the Village of Milford? YES  NO

*If yes, please list dates:* \_\_\_\_\_

Have any relatives ever been employed by the Village of Milford? YES  NO

*If yes, please list name(s) and dates:* \_\_\_\_\_

Do you speak any other languages? YES  NO

*If yes, please list languages spoken (other than English):* \_\_\_\_\_

**For Driving Jobs Only: Do you have a valid State of Michigan Driver's License** YES  NO

**Driver's License Number:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_

*Is this a Commercial Driver's License?* YES \_\_\_\_\_ NO \_\_\_\_\_ *What Type?* \_\_\_\_\_

## MILITARY EXPERIENCE

Branch: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Position: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

## EDUCATION

Do you have a high school diploma, GED, or equivalent? YES  NO

Institution Type	Institution Name	Degree or Dates Attended	Area of Study
Vocational/Technical			
Community College			
College/University			
Graduate Program			

## OTHER TRAINING OR QUALIFICATIONS

*Please list any additional training, certifications, or apprenticeships relevant to the position.*

## EMPLOYMENT EXPERIENCE

*List previous employment, beginning with the most recent. Present employer will not be contacted without your approval. This section should be completed even if you attach a resume.*

Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Position: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Primary Duties:

May we contact this employer? YES \_\_\_\_\_ NO \_\_\_\_\_

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**Employer:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_  
**Position:** \_\_\_\_\_ **Ending Salary:** \_\_\_\_\_  
**Supervisor:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Reason for Leaving:** \_\_\_\_\_

**Primary Duties:**

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**Employer:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_  
**Position:** \_\_\_\_\_ **Ending Salary:** \_\_\_\_\_  
**Supervisor:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Reason for Leaving:** \_\_\_\_\_

**Primary Duties:**

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**Have you ever been convicted of any law violation, including pleas of “guilty” or “no contest”?** Exclude minor traffic violations. Conviction will not necessarily exclude a candidate from consideration. YES  NO

*If yes, please explain:* \_\_\_\_\_

## **APPLICANT STATEMENT**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered on a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions which may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination and background investigation. I hereby consent to a pre- or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment, it may be conditional upon the successful completion of a pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand that this application, verbal statements by management, or subsequent employment does not create an expressed or implied contract of employment, nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause or reason and with or without notice.

By submitting this application, I acknowledge that I have read and understand the above Applicant Statement.

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**SIGNATURE**

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**DATE**

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**PRINT NAME**