

# Southeast Macomb Sanitary District

20001 Pleasant  
St. Clair Shores, MI 48080  
(586) 777-1284  
operations@semsd.org

## Employment Application

Date: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ SS# \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

When available to begin work? \_\_\_\_\_

Do you have a driver's license? (circle) yes no State of issue: \_\_\_\_\_

License Number: \_\_\_\_\_

<u>Type of School:</u>	<u>Name of School and Complete Mailing Address</u>	<u># Years Completed</u>	<u>Major or Degree</u>
------------------------	--	--------------------------	------------------------

High School: \_\_\_\_\_

College: \_\_\_\_\_

Trade School: \_\_\_\_\_

Other: \_\_\_\_\_

Have you ever been convicted of a felony? (circle) yes no

If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Have you had any accidents in the past 3 years? (circle) yes no How many? \_\_\_\_\_

Have you had any moving violations in the past 3 years? yes no How many? \_\_\_\_\_

Continued on the next page

**Previous Employment** (list up to 3)

1.

Name of Employer: \_\_\_\_\_

Name of last supervisor: \_\_\_\_\_

Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Last job title: \_\_\_\_\_

Reason for leaving (be specific):

\_\_\_\_\_

May we contact your employer? (circle) yes no

2.

Name of Employer: \_\_\_\_\_

Name of last supervisor: \_\_\_\_\_

Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Last job title: \_\_\_\_\_

Reason for leaving (be specific):

\_\_\_\_\_

May we contact your employer? (circle) yes no

3.

Name of Employer: \_\_\_\_\_

Name of last supervisor: \_\_\_\_\_

Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Last job title: \_\_\_\_\_

Reason for leaving (be specific):

\_\_\_\_\_

May we contact your employer? (circle) yes no

Skills: \_\_\_\_\_

Typing: \_\_\_\_\_

Computer: \_\_\_\_\_

Other skills: \_\_\_\_\_

**Please list 2 references other than relatives and previous employers:**

1.

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Phone #: \_\_\_\_\_

2.

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Use this space to add any additional information necessary to describe you full qualifications for the position you are applying:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Upon the signing of the authorization, I represent that all of the information now or hereafter given me in support of my application for employment is true and complete. I authorize you to verify any of the information concerning my employment, education, credit, criminal and driving records with the appropriate individuals, companies, institutions or agencies and I authorize them to release such information as you require, including my prior disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquires and disclosures.**

**(Signed)** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Signature of Applicant)

The Southeast Macomb Sanitary District is an equal opportunity employer, is committed to compliance with federal and state laws prohibiting discrimination, on the basis of race, gender, color, religion, national origin, age, marital status, disability, veteran status, or other prohibited factors in employment.