



"An Equal Opportunity Employer"

**CITY OF FLINT**  
 1101 South Saginaw St.  
 Room 9  
 Flint, MI 48502  
 (810)-766-7280  
[www.cityofflint.com](http://www.cityofflint.com)

**PROMOTIONAL EMPLOYMENT APPLICATION**

**TITLE OF POSITION Applying for:** \_\_\_\_\_

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**LAST NAME** \_\_\_\_\_ **FIRST NAME** \_\_\_\_\_ **M.I.** \_\_\_\_\_

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**ADDRESS** \_\_\_\_\_

**NUMBER** \_\_\_\_\_ **STREET** \_\_\_\_\_ **APT#** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

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**HOME PHONE** \_\_\_\_\_ **ALT. PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_

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**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		Title & Number (where applicable)	Granting Agency	Date Granted	Expiration
College						License			
Other						Certificate			
*Proof of Degree/Transcripts/Licenses/Certificates/Registration required.						Registration			

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

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

HR Personnel Use Only			
MER's <input type="checkbox"/> YES <input type="checkbox"/> NO			
By: _____			
<input type="checkbox"/> Educ <input type="checkbox"/> Exp <input type="checkbox"/> Lic/Cert <input type="checkbox"/> Other			
	Pass	Fail	Comments:
Writ			
Perf			
Oral			
Other			
Notif.: _____ Prom.: _____			
_____		_____	
<b>DANK</b>		<b>SCORE</b>	

**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