Lathrup Village Downtown Development Authority

APPLICATION FOR EMPLOYMENT

Date:				
Name: (Last	t Name, First Name):			
Address:				
City/State/Z	üp:		Phone #:	
Email:				
Type of Wo	rk or Title of Position(s) for which you are applying: _		
Special Qua	lifications:			
Equipment	you can operate:			
Are you 18	or older? Yes N	lo		
Are you a U	S. Citizen or an alien a	uthorized to work in the U.S.?	Yes No	
 indicating that is needed for Have you I unders employm Administ 	at the information is requir other legally permissible re- been convicted of a felony tand and agree that I ma ent. I agree to take sucl	his framed area unless the employer red for a bona fide occupational qua easons. or misdemeanor within the last five y be required to take a physical e h tests at such time as designated es from any claim arising in connec	lification or dictated by Na e years? Yes No examination as a condition by the City and to relea	tional Security Laws, or of hiring or continued se the City, it Council,
SCHOOL	No. OF YEARS ATTENDED	EDUCATION NAME OF SCHOOL	CITY/STATE	DID YOU GRADUATE?

EXPERIENCE

Name & Address	Date: From/To	Starting/Final Salary	Reason for Leaving
		EEEDENGEG	
	BUSINESS R	<u>EFERENCES</u>	
Name	Address	/Phone #	Occupation

The City of Lathrup Village is an Equal Opportunity Employer