

# APPLICATION FOR EMPLOYMENT

DEPARTMENT OF HUMAN RESOURCES AND LABOR RELATIONS  
WAYNE COUNTY PROBATE COURT  
1305 COLEMAN A. YOUNG MUNICIPAL CENTER  
2 WOODWARD AVENUE  
DETROIT, MICHIGAN 48226  
employment@wcpc.us

The Wayne County Probate Court is an equal opportunity employer and does not discriminate based on age, sex, race, religion, color, national origin, disability, marital status, height, and weight or any other legally protected status.

Please read the following application carefully and complete it in its entirety. Type or print legibly. An illegible or incomplete application will not be reviewed for employment opportunities. Once you have completed the application, sign the Authorization and Understanding at the end of the application.

Filing an application does not imply that you will be tested, interviewed, or hired; but, that you will be considered for employment based upon the employment needs of the Court and the verification of your qualifications (through testing and/or education and experience verification) for any available or potentially available position. Applications are considered active for six (6) months from the date signed by the applicant and do not renew. To be considered for employment opportunities beyond six (6) months, a new application form must be completed and returned to the Personnel Office.

If you are selected to qualify for an available, or potentially available, position, employment will be offered only upon the successful completion of the pre-employment process which, as determined by the Court, may include an examination and interview. If you are offered employment, it is contingent upon the satisfactory result of a physical examination, including drug testing, and a criminal background check.

## Please Type or Print Legibly

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

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

Social Security Number: XXX-XX-\_\_\_\_\_  
(Last four only)

Telephone Number: ( ) \_\_\_\_\_

Present Address: \_\_\_\_\_  
Number and Street Name City State Zip

Email Address: \_\_\_\_\_

Please state any other names you have used while attending school or at any previous jobs: \_\_\_\_\_

Are you a United States citizen? Yes  No

If you are not a U.S. citizen, are you a lawful permanent resident of the United States? Yes  No

If you are not a U.S. citizen, are you an alien authorized to work in the United States? Yes  No

Position applied for: \_\_\_\_\_ Full Time  Part Time

Starting salary expected: \_\_\_\_\_

Indicate how fast you can type: \_\_\_\_\_ (wpm)

How were you referred to the Court? \_\_\_\_\_

NAME: \_\_\_\_\_

Have you ever applied to or worked for Wayne County Probate Court? Yes  No

If your answer is yes, please specify (including relevant dates and positions):

\_\_\_\_\_

Are any of your friends or relatives employed at Wayne County Probate Court? Yes  No

If your answer is yes, please specify:

Name	Relationship

Are you eighteen (18) years of age or older? Yes  No

If your answer is no, do you have proof of your eligibility to work? Yes  No

If your answer is yes, please state the specific type of proof you will provide: \_\_\_\_\_

Are you currently a personal representative, executor, guardian, conservator, or other fiduciary on any matter in Wayne County Probate Court? Yes  No

If your answer to the previous question was yes, please explain, and give case name and file number:

\_\_\_\_\_

Have you ever been convicted (fined, placed on probation, sentenced to jail or been given a suspended sentence) for any violation of law other than minor traffic violations? Yes  No

Are there felony charges currently pending against you? Yes  No

If your answer to the previous question was yes, please explain: \_\_\_\_\_

\_\_\_\_\_

A conviction or felony charge does not necessarily prevent employment. A false answer, however, will result in disqualification or dismissal.

## EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer, and go back at least ten (10) years. Do not omit any employment during that time. Add additional sheets if necessary. Please answer each question. **Writing "See Resume" is not acceptable.**

Have you ever received a disciplinary suspension or discharge from any position? Yes  No

If you answered yes to the previous question, please state position, employer, date of suspension/discharge and explain the circumstances:

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

Have you ever quit/resigned in lieu of being discharged? Yes  No

If you answered yes to the previous question, please state position, employer and date. Briefly explain the circumstances:

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

Are you currently employed? Yes  No

NAME: \_\_\_\_\_

**EMPLOYER:**

From:	_____	Complete Address:	_____
To:	_____	Contact Person/Department:	_____
Start Salary:	_____	Contact Telephone Number:	_____
Last Salary:	_____	Contact Email Address:	_____
Title:	_____	Supervisor:	_____
Reason for leaving:	_____		
Duties:	_____		

**AUTHORIZATION TO RELEASE INFORMATION**

Please furnish the Wayne County Probate Court Department of Human Resources/Labor Relations with the information requested on the attached form. This request applies only to the information requested regarding my employment with the above named organization and does not imply any other authorization. I understand that I am authorizing former employers to furnish the information requested along with any and all lawful information concerning my employment record to the Wayne County Probate Court. I hereby release your organization from any liability because of having furnished this information. A copy of this authorization shall be considered as effective and valid as the original. I understand that this authorization will be attached to the questionnaire appended this application form that includes my initials.

May we contact this employer?    Yes               No  

Signature: \_\_\_\_\_

**EMPLOYER:**

From:	_____	Address:	_____
To:	_____	Contact Person/Department:	_____
Start Salary:	_____	Contact Telephone Number:	_____
Last Salary:	_____	Contact Email Address:	_____
Title:	_____	Supervisor:	_____
Reason for leaving:	_____		
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May we contact this employer?    Yes               No  

Signature: \_\_\_\_\_

NAME: \_\_\_\_\_

**EMPLOYER:**

From: _____	Address: _____
To: _____	Contact Person/Department: _____
Start Salary: _____	Contact Telephone Number: _____
Last Salary: _____	Contact Email Address: _____
Title: _____	Supervisor: _____
Reason for leaving: _____	
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May we contact this employer?      Yes       No

Signature: \_\_\_\_\_

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May we contact this employer?      Yes       No

Signature: \_\_\_\_\_

NAME: \_\_\_\_\_

**EMPLOYER:**

From: _____	Address: _____
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May we contact this employer?    Yes               No  

Signature: \_\_\_\_\_

**EMPLOYER:**

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To: _____	Contact Person/Department: _____
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May we contact this employer?    Yes               No  

Signature: \_\_\_\_\_



## AUTHORIZATION AND UNDERSTANDING

I represent that the answers and information given by me in this application are true and complete. I recognize that any falsification, misrepresentation, or omission may result in immediate dismissal from or refusal of employment. I authorize the Wayne County Probate Court ("Court") to verify the information I have provided and authorized for each employer and to make any investigation of my background deemed necessary. I also authorize third parties (such as former employers, law enforcement organizations, financial institutions, educational institutions) contacted by the Court to furnish any lawful information relevant to my application for employment. I waive any written notice of the release of such records that may be required by any state or federal laws. Further, I also release the Wayne County Probate Court and any previous employer from any liability from having requested or furnished this information.

I consent to all legally permissible medical examinations and drug and alcohol testing required by the Court.

I understand and agree that employment with the Court is at-will, during the nine-month probationary period, and that either the Court or I can terminate my employment and compensation, with or without cause, and with or without notice during my probation. I acknowledge that no representations, either oral or written, have been made to me to the contrary, and I acknowledge that any pre-existing understanding that contradicts an at-will status of employment during the probationary period, is canceled. Further, I understand that only the Chief Judge of the Wayne County Probate Court has any authority to enter into any agreement contrary to the foregoing and that any such agreement must be in writing and signed by the Chief Judge.

In consideration of my employment, I agree to conform to the rules and policies of the Court. To the extent permitted by state law, I understand and agree that I shall not commence any state law action or suit related to my employment with the Wayne County Probate Court: 1) More than six (6) months after the termination of my employment, if the action or suit is related to the termination of my employment; or 2) More than six (6) months after the event or occurrence on which my claim is based, if the action or suit is based on an event or occurrence other than the termination of my employment.

While I understand that the statute of limitations for state law claims arising out of my employment with the Wayne County Probate Court may be longer than six (6) months, I agree to be bound by the six (6) month period of limitations set forth herein and I waive any statute of limitations to the contrary.

Should a court determine in some future lawsuit that this provision allows an unreasonable short period of time to commence a lawsuit, the court shall enforce this provision as far as possible and shall declare the lawsuit barred unless it was brought within the minimum reasonable time within which the suit should have been commenced.

To the extent permitted by law, I understand and agree that any federal law claim or lawsuit relating to my employment with the Wayne County Probate Court must be filed no more than one hundred eighty-five (185) days after the date of filing a proper and timely charge with EEOC, NLRB or any other administrative agency has expired. While I understand that the statute of limitations for claims arising out of an employment action may be longer than one hundred eighty-five (185) days, I waive any statute of limitations to the contrary.

By signing this document, I certify that I have read the legal disclosures and agreement set forth above, had three (3) days to discuss the legal disclosures and agreement with counsel of my choice, and decided to move forward, and understand that without my agreement to the legal disclosures and agreements, the Wayne County Probate Court would not consider my application for employment. I further understand and request that the limitations be strictly enforced and that I am signing this document and agreeing to the limitations set forth as my own free will.

My signature below indicates that I have read and understood the above paragraphs.

Signature: \_\_\_\_\_

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

This application for employment shall be considered active for a period of time not to exceed one hundred and eighty (180) days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.

NAME: \_\_\_\_\_

### WAYNE COUNTY PROBATE COURT

## EQUAL EMPLOYMENT OPPORTUNITY SURVEY INFORMATION

### APPLICANT INFORMATION

Date: \_\_\_\_\_  
 Applicant Name: \_\_\_\_\_  
 Applicant Social Security Number: \_\_\_\_\_

The following information is being requested for statistical purposes only. Provisions of various Federal and State laws require that all employers review hiring practices to eliminate discrimination on the basis of race, sex or age. The information you supply here will be kept strictly confidential and separate from your application. **Race Definitions are provided below.**

1. Date of Birth: _____			
2. Male <input type="checkbox"/>	3. Select <input type="checkbox"/>	A. American Indian or Alaskan Native	<input type="checkbox"/> C. Black/African American <input type="checkbox"/> F. White <input type="checkbox"/> D. Hispanic or Latino <input type="checkbox"/> E. Native Hawaiian or Pacific Islander <input type="checkbox"/> G. Multi-Racial
Female <input type="checkbox"/>	Only One <input type="checkbox"/>	B. Asian	

### CATEGORIES

CATEGORY NAME	DEFINITION
A. American Indian or Alaskan Native	A person having origins in any of the original peoples of North and South America (including Central America)
B. Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
C. Black/African American	Not of Hispanic Origin – A person having origins in any of the black racial groups.
D. Hispanic or Latino	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin.
E. Native Hawaiian or Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
F. White	Not of Hispanic Origin – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
G. Multi-Racial	Persons having parents of different races.