

City of Detroit  
**Human Resources Department**  
**Qualifying Questionnaire**

**TO:** \_\_\_\_\_  
 Human Resources Consultant of Posting Agency  
 Posting Agency: \_\_\_\_\_

POSITION (Class Title) APPLYING FOR: \_\_\_\_\_

**Section I – to be filled out by the employee**

NAME:		SSN:
ADDRESS:	CITY:	STATE & ZIP CODE:
CURRENT JOB TITLE:		DEPARTMENT:
WORK LOCATION:	WORK PHONE:	HOME PHONE:

HAVE YOU TAKEN AND PASSED A TEST FOR THIS POSITION BEFORE? YES NO IF YES, WHEN? \_\_\_\_\_

**EDUCATION:**

H.S. GRAD G.E.D OR COMPLETED THE \_\_\_\_\_ GRADE AT \_\_\_\_\_ SCHOOL

COLLEGE ATTENDED \_\_\_\_\_ CREDITS EARNED \_\_\_\_\_ MAJOR/AREA OF STUDY \_\_\_\_\_

DEGREE EARNED \_\_\_\_\_ COLLEGE \_\_\_\_\_ MAJOR/MINOR \_\_\_\_\_

List any courses or training that you believe qualify you for this position. Attach a resume or additional sheets if needed.

TITLE OF COURSE	SCHOOL	YEAR

**WORK EXPERIENCE:**

List any work experience you have had, either with the City or elsewhere, which helps qualify you for this position. Attach additional sheets if needed.

JOB TITLE	EMPLOYER	TYPE OF WORK DONE	DATES

**LICENSES/CERTIFICATIONS/CREDENTIALS:**

List any occupational license, operator license, or journey worker's card that you have that is required for or helps qualify you for this position. If the position requires driving, list your Operator License number, type, restrictions (if any) and expiration date.

CERTIFICATION TYPE AND NUMBER	RESTRICTIONS	EXPIRATION DATE

**Special Accommodations:**

Based on the posting for this position, will you require an accommodation to participate in the examination process?  YES  NO  
 Based on the duties listed on the posting for this position, can you perform the work associated with this job classification with or without accommodation?  YES  NO.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AFTER COMPLETING THIS SECTION OF THE QUESTIONNAIRE, SUBMIT IT TO **YOUR HUMAN RESOURCES CONSULTANT.**

**SECTION II – TO BE FILLED OUT BY THE EMPLOYEE’S IMMEDIATE SUPERVISOR**

Based on your knowledge of the employee, do you believe that the employee has the qualifications for the position for which the employee has applied?

YES NO, NOT AT THIS TIME (YOU MUST EXPLAIN BELOW, INDICATING IF YOU DO NOT HAVE KNOWLEDGE OF THE EMPLOYEE’S QUALIFICATIONS OR IF YOU WOULD NOT RECOMMEND THE EMPLOYEE FOR THE POSITION.)

Completed By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Send this form to the Department HR Consultant

**SECTION III – TO BE FILLED OUT BY THE HR CONSULTANT OR AUTHORIZED PAYROLL STAFF OF THE EMPLOYEE’S DEPARTMENT**

CHECK IF THE EMPLOYEE’S NAME, DEPARTMENT AND CURRENT PERMANENT JOB TITLE LISTED IN SECTION ONE IS ACCURATE. IF NOT, MAKE CORRECTIONS BELOW:

NAME:	DEPARTMENT:
JOB TITLE:	

ATTENDANCE AND TARDINESS FOR THE TWELVE MONTH PERIOD OF \_\_\_\_\_ TO \_\_\_\_\_:  
ABSENCES DUE TO APPROVED DEPARTMENT LEAVE, WORKER’S COMPENSATION OR AN FMLA EVENT ARE NOT INCLUDED.

	PAID	UNPAID
DAYS ABSENT		
NUMBER OF ABSENCE OCCURRENCES		
	START OF WORK	RETURN FROM LUNCH
TOTAL TIMES TARDY		

**DISCIPLINARY ACTIONS:**

List all occurrences within the applicable period in the collective bargaining agreement.

SUSPENSION REASON	DATES (FROM.... TO)

**SECTION IV – TO BE FILLED OUT BY THE HR CONSULTANT OF THE POSTING DEPARTMENT**

I have reviewed the information provided in Sections I, II & III and

RECOMMEND THE EMPLOYEE FOR THE PROPOSED POSITION

DO NOT RECOMMEND THE EMPLOYEE FOR THE PROPOSED POSITION FOR THE FOLLOWING REASON (s):

LACKS the required: EDUCATION/TRAINING EXPERIENCE LICENSE/CERTIFICATION

UNACCEPTABLE: ATTENDANCE TARDINESS DISCIPLINARY RECORD WORK PERFORMANCE

OTHER REASON: \_\_\_\_\_

OUR RECORDS SHOW THAT THIS EMPLOYEE PREVIOUSLY PASSED THE EXAM FOR THIS POSITION.

Completed By \_\_\_\_\_ Title \_\_\_\_\_

Department \_\_\_\_\_ Date \_\_\_\_\_