



# Self Disclosure Statement

For the Position of \_\_\_\_\_

(Fax completed form to City of Grand Rapids Human Resources, (616) 456-3728)

**NOTE: A conviction or yes answer does not automatically mean you cannot be appointed. However, what you were convicted of, and how long ago are important factors of consideration. Give all of the facts so that an informed decision can be made. If appointed, your fingerprints will be taken.**

Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes", please provide an explanation, including crime type, date, city and state. If "No", write N/A.

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

Do you have any driving citations related to alcohol or drugs? \_\_\_ Yes \_\_\_ No If "Yes", please provide an explanation, including citation type, date, city and state. If "No", write N/A. NOTE: A PHYSICAL EXAMINATION THAT INCLUDES A DRUG SCREEN IS GIVEN PRIOR TO EMPLOYMENT.

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

Do you have any driving convictions on your record other than parking tickets? \_\_\_ Yes \_\_\_ No If "Yes", please provide an explanation, including conviction type, date, city and state. If "No", write N/A.

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

Have you ever been convicted of a felony, or are you currently under charges for any felony? \_\_\_ Yes \_\_\_ No (You may omit any offense committed before your 18th birthday which was finally adjudicated to juvenile court or under a Youth Offender Law) If "Yes", list all such cases. In each case, give: (a) the date; (b) the charge; (c) the name and location of courts; and (d) the penalty imposed or other action taken. If "No", write N/A.

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

Please identify any lawsuits in which you have been a party, either as a plaintiff or defendant (excluding divorce). If there have been none, write N/A.

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

Please list any other names used, including maiden names, nicknames, pseudonyms, etc. If you have not gone by any other name than what you used on your application, write N/A.

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

I understand that any extended job offer is conditioned on the results of a drug screen test, pre-employment medical examination and final background investigation.

I certify that the statements made by me in this Self Disclosure Statement are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that false statements made herein are sufficient grounds for rejection of my application. I understand that my statements herein are a material consideration for an appointment with the City of Grand Rapids.

\_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date