

# EMPLOYMENT APPLICATION

An Equal Opportunity Employer



## Human Resources Department

Post Office Box 3001

151 Martin Street

Birmingham MI 48012

Phone: 248.530.1810

Email: [hr@bhamgov.org](mailto:hr@bhamgov.org)

Fax: 248.530.1110

[www.bhamgov.org/hr](http://www.bhamgov.org/hr)

POSITION APPLIED FOR: \_\_\_\_\_

APPLICATION DATE: \_\_\_\_\_

MINIMUM SALARY ACCEPTABLE: \_\_\_\_\_ DATE AVAILABLE FOR WORK: \_\_\_\_\_

**INSTRUCTIONS: Complete all necessary information. Please print or type. This application will be kept on file for a period of three (3) months. Be sure to sign and date this application.**

\_\_\_\_\_  
LAST 4-DIGITS OF SS# \_\_\_\_\_

NAME (Last, First, Middle Initial)

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

PRIOR ADDRESSES (Last 5 Years): \_\_\_\_\_  
\_\_\_\_\_

ARE YOU INTERESTED IN FULL TIME WORK                      Yes                      No

ARE YOU INTERESTED IN PART TIME WORK                      Yes                      No

ARE YOU 18 YEARS OF AGE OR OLDER?                      Yes                      No

DO YOU HAVE ANY RELATIVES NOW OR PREVIOUSLY EMPLOYED  
BY THE CITY OF BIRMINGHAM?                      Yes                      No                      Name: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME?                      Yes                      No  
(A positive response to this question does not automatically disqualify you from consideration)

IF YES, WHEN, WHERE, AND NATURE OF OFFENSE: \_\_\_\_\_  
\_\_\_\_\_

ARE THERE ANY FELONY CHARGES PENDING AGAINST YOU?                      Yes                      No  
IF YES, WHEN, WHERE, AND NATURE OF OFFENSE: \_\_\_\_\_  
\_\_\_\_\_

DO YOU KNOW OF ANY REASON WHY YOU WOULD NOT BE ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT ACCOMMODATION?  
\_\_\_\_\_

Michigan law requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer. Handicapped employees and applicants may request an accommodation of their handicap by notifying the City in writing of the need for accommodation within 182 days of the date the handicapper knows or should know that an accommodation is needed. Failure to notify the City will preclude any claim that the employer failed to accommodate the handicapper.

IN THE EVENT OF AN EMERGENCY, WHOM DO YOU WISH TO BE NOTIFIED?

NAME \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

### EDUCATIONAL BACKGROUND

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	DID YOU GRADUATE?		HIGHEST GRADE, DEGREE OR DIPLOMA
HIGH SCHOOL	_____	_____	Yes	No	_____
G.E.D.	_____	_____	Yes	No	_____
VOCATIONAL	_____	_____	Yes	No	_____
COLLEGE	_____	_____	Yes	No	_____
UNIVERSITY	_____	_____	Yes	No	_____
OTHER	_____	_____	Yes	No	_____

### PROFESSIONAL LICENSES/CERTIFICATIONS/CREDENTIALS:

TYPE: \_\_\_\_\_

NUMBER: \_\_\_\_\_

TYPE: \_\_\_\_\_

NUMBER: \_\_\_\_\_

TYPE: \_\_\_\_\_

NUMBER: \_\_\_\_\_

DRIVER LICENSE NUMBER: \_\_\_\_\_ EXP. DATE \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

### COMPUTER KNOWLEDGE:

SYSTEMS: \_\_\_\_\_

SOFTWARE PROFICIENCY: \_\_\_\_\_

\_\_\_\_\_

TYPING SPEED \_\_\_\_\_ WPM

### MILITARY SERVICE

BRANCH: \_\_\_\_\_ DATES: \_\_\_\_\_

FINAL RANK: \_\_\_\_\_ TYPE OF DISCHARGE: \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

List jobs held in the past 10 years. List your present employment first. List every promotion as a new job. Attach extra pages if necessary. Describe your job duties in detail to enable the reviewer to correctly evaluate your qualifications. List the primary tasks and responsibilities performed in each position held. The information that you provide will be used in determining whether or not you are employed. *Please include all requested information, even if a résumé is attached.*

EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

SUPERVISOR/TITLE: \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

SALARY RECEIVED: START \_\_\_\_\_ FINAL \_\_\_\_\_ FULL OR PART TIME \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

WORK PERFORMED:

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

EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

SUPERVISOR/TITLE: \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

SALARY RECEIVED: START \_\_\_\_\_ FINAL \_\_\_\_\_ FULL OR PART TIME \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

WORK PERFORMED:

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

EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

SUPERVISOR/TITLE: \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

SALARY RECEIVED: START \_\_\_\_\_ FINAL \_\_\_\_\_ FULL OR PART TIME \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

WORK PERFORMED:

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

Have you ever worked for a company under a different name? Yes No

If Yes, what was the name? \_\_\_\_\_

Have you ever been discharged from any employment? Yes No

If Yes, please explain: \_\_\_\_\_

**HOW DID YOU LEARN OF THIS POSITION?**

- Walk-In
- City of Birmingham Website
- City of Birmingham E-Mail Notification (Constant Contact)
- Internet (Website) \_\_\_\_\_
- Newspaper (Name) \_\_\_\_\_
- School (Name) \_\_\_\_\_
- Other (Please list) \_\_\_\_\_

**CERTIFICATION/SIGNATURE**

I certify the facts set forth in the Application for Employment, in my resume and in the other materials I have submitted are true and complete. I understand and acknowledge that false information provided by me will result in disqualification from employment with the employer (hereinafter "the City of Birmingham") or in dismissal from employment if offer of employment has been made and accepted.

I hereby authorize the City of Birmingham, to contact all of my former and current employers, educational institutions and the other references I have provided regarding me and my performance record and work, academic and/or military experience. I also hereby release the City of Birmingham and its employees and agents, and all of my former employers, educational institutions, and other references I have provided, from any and all liability and damages for releasing or using information concerning me and my performance record and work, academic and/or military experience. I also hereby waive any right under the Bullard-Plawecki Right to Know Act, 1978 PA 397, to receive written notice from the City of Birmingham or any former or current employer, that disciplinary report, letter of reprimand, or other disciplinary action taken against me while employed, will be or have been disclosed to a third person or entity.

I also understand that the City of Birmingham may, in its sole discretion, conduct or have conducted by an individual or entity of its choice, a criminal background history and driving record search on me. I hereby consent to this search being conducted and to the disclosure of the results of that search by the individual or entity conducting the search, the City of Birmingham, and its employees and agents, from any and all liability, claims and damages, including but not limited to, claims for releasing or using any information revealed as a result of this search. I also understand and acknowledge that convictions may result in disqualification from employment with the City of Birmingham or in dismissal from employment if an offer of employment has been made and accepted.

I hereby consent to having a physical and/or psychological examination and/or test(s), including but not limited to drug and/or alcohol testing, conducted by a physician or other professional of the city of Birmingham's choice, and understand that any offer of employment is conditioned upon the results of this examination(s) and/or test(s).

I agree not to commence any action or suit relating to my employment with the City of Birmingham more than 180 days after the occurrence of the facts giving rise to the claim, of more than 180 days of the date of my termination of such employment, whichever is earlier, and to waive any statute of limitations to the contrary.

If I am employed, I understand that additional personal data will be required for determination of benefit eligibility and for statistical purposes.

I will abide by all policies, rules and regulations of the City of Birmingham.

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

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

\_\_\_\_\_  
(Print Name)