

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

Fax: 248.530.1110

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.

NAME (Last, First, Middle Initial) _____ LAST 4-DIGITS OF SS# _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

E-MAIL ADDRESS: _____

HOME NUMBER: _____ MOBILE NUMBER: _____

PRIOR ADDRESSES (Last 5 Years): _____

ARE YOU INTERESTED IN FULL TIME WORK Yes No

ARE YOU INTERESTED IN PART TIME WORK Yes No

WOULD YOU LIKE TO BE CONSIDERED FOR SEASONAL OPPORTUNITIES? 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 disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Disabled employees and applicants may request an accommodation of their disability by notifying the City in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's rights under the Americans with Disabilities Act. Failure to notify the City will preclude any claim that the employer failed to accommodate the disabled individual.

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/UNIV.	_____	_____	__ Yes __ No	_____
POST-GRAD	_____	_____	__ Yes __ No	_____
OTHER	_____	_____	__ Yes __ No	_____

PROFESSIONAL LICENSES/CERTIFICATIONS/CREDENTIALS:

TYPE: _____ NUMBER: _____

TYPE: _____ NUMBER: _____

TYPE: _____ NUMBER: _____

DRIVER LICENSE NUMBER: _____ **EXP. DATE** _____ **STATE ISSUED:** _____

COMPUTER & SYSTEMS PROFICIENCY:

Please list any applicable computer skills:

Typing Speed: _____ WPM

MILITARY SERVICE

BRANCH: _____ DATES: _____

FINAL RANK: _____ TYPE OF DISCHARGE: _____

EMPLOYMENT EXPERIENCE

List any jobs held in the past 10 years. List your present employment first. List every promotion as a new job. Attach extra pages if necessary. Briefly summarize your job duties to give the reviewer a general idea of your tasks and responsibilities. Please include all requested information, even if a résumé is attached.

May the City of Birmingham contact your current employer? Yes _____ No _____

EMPLOYER: _____ JOB TITLE: _____

SUPERVISOR NAME: _____ SUPERVISOR TITLE: _____

DATES EMPLOYED: FROM _____ TO _____
(MONTH & YEAR)

SALARY RECEIVED: START _____ FINAL _____ FULL OR PART TIME: _____

REASON FOR LEAVING, OR CONSIDERING OTHER EMPLOYMENT:

WORK PERFORMED:

EMPLOYER: _____ JOB TITLE: _____

SUPERVISOR NAME: _____ SUPERVISOR TITLE: _____

DATES EMPLOYED: FROM _____ TO _____
(MONTH & YEAR)

SALARY RECEIVED: START _____ FINAL _____ FULL OR PART TIME: _____

REASON FOR LEAVING, OR CONSIDERING OTHER EMPLOYMENT:

WORK PERFORMED:

EMPLOYER: _____ JOB TITLE: _____

SUPERVISOR NAME: _____ SUPERVISOR TITLE: _____

DATES EMPLOYED: FROM _____ TO _____
(MONTH & YEAR)

SALARY RECEIVED: START _____ FINAL _____ FULL OR PART TIME: _____

REASON FOR LEAVING, OR CONSIDERING OTHER EMPLOYMENT:

WORK PERFORMED:

EMPLOYER: _____ JOB TITLE: _____

SUPERVISOR NAME: _____ SUPERVISOR TITLE: _____

DATES EMPLOYED: FROM _____ TO _____
(MONTH & YEAR)

SALARY RECEIVED: START _____ FINAL _____ FULL OR PART TIME: _____

REASON FOR LEAVING, OR CONSIDERING OTHER EMPLOYMENT:

WORK PERFORMED:

EMPLOYER: _____ JOB TITLE: _____

SUPERVISOR NAME: _____ SUPERVISOR TITLE: _____

DATES EMPLOYED: FROM _____ TO _____
(MONTH & YEAR)

SALARY RECEIVED: START _____ FINAL _____ FULL OR PART TIME: _____

REASON FOR LEAVING, OR CONSIDERING OTHER EMPLOYMENT:

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

(A positive response to this question does not automatically disqualify you from consideration)

If Yes, please explain: _____

HOW DID YOU LEARN OF THIS POSITION?

- _____ Walk-In
- _____ City of Birmingham Website or E-Mail Notification
- _____ Internet (Website) _____
- _____ Newspaper (Name) _____
- _____ School (Name) _____
- _____ Other (Please list) _____

We may contact the employers listed in your Employment History unless you indicate those you do not want us to contact.

DO NOT CONTACT: Employer _____

Reason

If selected for employment, the following prescribed conditions must be met before such employment offer is considered final. All persons hired by the City of Birmingham must undergo and pass a medical examination (including, but not limited to, physical examination, psychological evaluation (for sworn Fire and Police), and drug and/or alcohol screening) from a City-appointed physician or other professional at no cost to the applicant. The medical examination must be scheduled and taken, and results received, prior to the employee's first date of employment. Prior to the date of hire, candidates must provide original documents establishing their employment eligibility as required under the Immigration Reform and Control Act of 1986. An investigation of past employment references and other information will be conducted. Acceptance of an offer of employment does not create a contractual obligation upon the City of Birmingham to continue employment in the future.

I understand that by completing this application there is no guarantee of a job interview or a job offer. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the City. I also understand that nothing in this employment application, in the City's statements, policies, or Employee Handbook, or in my communications with any City official or representative is intended to create an employment contract between the City and me. Additionally, I understand that if an employment relationship is established, I have a right to terminate my employment at any time. I also understand that the City retains the right to terminate my employment at any time, unless I am subject to a just cause provision under a collective bargaining agreement. Further, I understand that the City has the right to modify its policies without giving me any notice of the change(s).

I hereby authorize the City of Birmingham to verify all the information I have provided on my application. I also agree to execute, as a condition of employment or continued employment, any additional written authorizations necessary for the City to obtain access to and copies of records pertaining to this information. I expressly authorize the City of Birmingham to contact any of my current or prior employers, educational institutions, and other references I have provided, and release all of those employers, educational institutions and references and the City of Birmingham from any and all liability arising from their giving information about my employment, academic, and/or military experience. For purposes of the medical examination(s), I hereby authorize the City of Birmingham to access any medical histories or records pertaining to me. 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 a disciplinary report, letter of reprimand, or other disciplinary action taken against me while employed, will be or has been disclosed to a third person or entity.

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, or 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.

The City of Birmingham is an equal opportunity employer to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, sex (including pregnancy), sexual orientation, national origin, age, disability, genetic information, marital status, height or weight, or any other characteristic protected by federal, state or local laws. We provide reasonable accommodation for qualified individuals with a disability if requested.

I certify that I can and will, upon request, substantiate all statements made by me on this application; that such statements are true, complete and correct to the best of my knowledge. I understand that a false statement, dishonest answer, misrepresentation or omission to any question will be sufficient for rejection of my application, removal of my name from eligibility or my immediate discharge should such falsifications or misrepresentations be discovered after I am employed.

APPLICANT PRINTED NAME: _____

Applicant's Signature _____ **Date** _____
(Your legal signature; do not print)

FORWARD COMPLETED AND SIGNED APPLICATION TO:

Human Resources Department • City of Birmingham
Post Office Box 3001 • 151 Martin Street • Birmingham, MI 48012
Phone: 248.530.1810 • Email: hr@bhamgov.org • Fax: 248.530.1110

CITY OF BIRMINGHAM
AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any duly empowered representative of the City of Birmingham bearing this release, or copy thereof, within 180 days of its date, to obtain any information in your files or other sources pertaining to my employment, military, credit or educational records and personal background including, but not limited to, academic, achievement, attendance, driver's license records, athletic, personal history, disciplinary actions and records, medical records, and credit reports or any other records you may have regarding me.

I understand that my Rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those Rights with the understanding that information furnished will be used by the City of Birmingham in conjunction with employment procedures.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the City of Birmingham. Consent is for the City of Birmingham to furnish such information as described above, to third parties in the course of fulfilling its official responsibilities.

I hereby indemnify and hold harmless you, as the custodian of such records, and any agency, institution or establishment which you represent including its officers, employees and related personnel, or business, both collectively or individually, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain any original writing of my signature. This waiver is valid for a period of 180 days from the date of my signature. Should there be any question as to the validity of this release, you may contact me as indicated below on this form.

I have carefully read this authorization and consent form and affirm that I fully understand its contents. I also affirm that I voluntarily consent to any background check the City of Birmingham may wish to conduct in connection with my application for employment. I also acknowledge that I have received a copy of the Summary of Rights under the Fair Credit Reporting Act.

PRINTED NAME: _____
DRIVER'S LICENSE & EXP. DATE: _____
ADDRESS: _____
CITY, STATE ZIP: _____
TELEPHONE: _____

Applicant Signature

Date

Received by (Signature and Printed Name)

Date

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

	Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357