

CITY OF BRIGHTON

APPLICATION FOR EMPLOYMENT

To The Applicant: We appreciate your interest in the City of Brighton and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position that, in our judgment, best meets your qualifications.

The City of Brighton is an Equal Opportunity Employer

Instructions:

Please print the requested information in the spaces provided below.

Date of Application: _____
Month/Day/Year

Date Available to Begin Work: _____
Month/Day/Year

PERSONAL INFORMATION

Last Name	First	Middle	Social Security Number
Street Address			Home Telephone
City, State, Zip			Mobile Telephone
In Case of Emergency, Notify:			
Name		Address	Telephone Number
Are You Legally Eligible For Employment in the U.S.??*		Are You 18 Years or Older?	
If related to any elected or appointed City Officers, state name and relationship to you.			
Have you ever been convicted of a crime?		<input type="checkbox"/> YES (explain)	<input type="checkbox"/> NO
(A criminal conviction record will not necessarily prohibit you from being employed.)			
If YES, please list date, place and nature of offense.			
Are there any felony charges presently pending against you?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

* The City of Brighton conforms to the Immigration Reform and Control Act of 1986, which requires you to furnish documentation showing your identity and legal authorization to working the United States once you have been offered employment.

EMPLOYMENT DESIRED

POSITION (S) APPLIED FOR: _____	DEPARTMENT(S):	Public Works <input type="checkbox"/>	Finance <input type="checkbox"/>
		Water & Sewer <input type="checkbox"/>	Police <input type="checkbox"/>
		Fire <input type="checkbox"/>	Clerk <input type="checkbox"/>
		Bldg/Planning <input type="checkbox"/>	Other <input type="checkbox"/>
		Assessing <input type="checkbox"/>	
PAY/SALARY DESIRED: _____			
Kind of Work Sought: Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/>			
If part-time or seasonal, please specify days, hours, or time of year sought: _____			

FORMER EMPLOYERS

Please give an accurate, complete, full-time and part-time employment record. Start with present, or most recent employer. (List additional employers on a separate sheet, if necessary.)

PLEASE PRINT ALL INFORMATION

Company Name	Telephone
Address City, State	Employed (month/year) From To
List Job Title & Responsibilities	Reason for Leaving

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Address City, State	Employed (month/year) From To
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<p>Have you ever been discharged or requested to resign any job? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please explain circumstances _____</p> <p>_____</p> <p>Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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EDUCATION

Applicants for certain positions may be required to provide transcripts

EDUCATION	Name & Location of School	No. Of Years Completed	Subjects Studied	Degree Earned
High School				
College/ University				
Vocational/ Trade/Graduate				

GENERAL

Do you have any special training, skills, qualifications, licenses, certifications or other experiences that relate to the position(s) applied for?

A current drivers license is required for certain positions in the following departments:
Police, Fire, Public Works, Water & Sewer, Bldg/Planning and Assessing

If you are applying for a position in a listed department,
Do you presently have a valid Michigan driver's license? YES NO

Type of License: Operators License Commercial Drivers License (CDL)
License No. _____ Endorsements _____
Expiration Date _____ Current Number of Points _____

(A license check will be conducted for applicants for positions requiring a drivers license)

Police Applicants Only:

Are you certified or have you completed the Michigan Commission
On Law Enforcement Standards (MCOLES) basic police training to be
a certified law enforcement officer in the State of Michigan? YES NO

U.S. Military Service:

Branch of Service _____ From _____ To _____
Rank or Rating _____ Type of Discharge _____

PHYSICAL RECORD

MEDICAL EXAMINATIONS: In accordance with the provision of the Americans With Disabilities Act, the City of Brighton may require job applicants to undergo a medical examination after an offer of employment has been made and prior to the commencement of employment duties, and may condition the offer of employment on the results of such examination.

I HEREBY CERTIFY THAT I AM NOT CURRENTLY ENGAGED IN THE ILLEGAL USE OF DRUGS. I understand that as a condition of employment, I may be required to take a pre-employment drug test for the illegal use of drugs, which may include the collection of urine samples from my person. I agree that the results of this test may be submitted to the City of Brighton, or its authorized representative, and I expressly release the collection agency and the testing laboratory from any and all liability for performing the requested test, and for communicating the results to the City. I understand that if the results of any pre-employment drug tests are positive, it will be cause for rejection of my application or, if I am hired, that my employment with the City may be immediately terminated.

Applicant's Signature _____

REFERENCES

Please give the names of 3 people, not related to you, whom you have known for over one year.

NAME	ADDRESS	TELEPHONE	BUSINESS	YEARS KNOWN

SIGNATURE

(Read carefully before signing)

- I certify that the answers and information given by me in this application are true, correct and complete without qualification. I understand that the City has the right to refuse to hire or immediately discharge me, at any time, if it discovers that I have provided incomplete, untrue or misleading answers or information in this application or on any other documents or forms submitted at any time during my employment.
- I hereby authorize the City to verify the answers and information given by me in this application and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions, and any other third party contacted by the City to release to the City any information they have regarding me without providing written notice to me.
- I authorize the City to use any information in its possession concerning me for any purpose it deems appropriate, including disclosure of information to any third party, future employer or prospective future employer without notification to me of such disclosure, and I release the City from any liability in connection with such use or disclosure.
- If I am hired by the City, I understand and agree that I will be bound by the rules, regulations, policies, procedures, and other terms and conditions of employment of the City as they are from time-to-time changed, with or without notice to me.
- If I am hired by the City, I understand that I have the right to terminate my employment at any time and for any reason, with or without notice. I further understand that, except as set forth in any collective bargaining agreement, the City can terminate the employment relationship at any time, with or without cause, with or without notice. This employment relationship exists regardless of any other written statements or policies or any other City document or any verbal statement to the contrary. No one except the Mayor, with City Council Approval, can enter into any kind of employment relationship or agreement with is contrary to the above. To be enforceable, such relationship or agreement must be in writing and personally signed by the Mayor and myself.
- If I am hired by the City, I understand and agree that any and all claims or disputes that are subject to state or federal court jurisdiction, and which arise between myself and the City or its agents, shall be submitted to arbitration for resolution under the provisions and authority of the Michigan Arbitration Act, MCL 600.5001 and MCR 3.602. I understand that my agreement to arbitrate these disputes does not waive or limit any of my substantive rights or remedies.

Applicant's Signature _____

Date: _____