#### CITY OF BATTLE CREEK APPLICANT DATA RECORD

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, disability, or any other legally protected status.

As required by government regulations, we comply with Affirmative Action and other obligations where they pertain. Soley to assist us in complying with government record keeping, reporting, and other legal requirements, we request that you complete this Applicant Data Record. These data are for periodic government reporting and will be kept in a Confidential File separate from your Application for Employment.

OUR COORERATION IS VOLUNTARY

YOUR COOPERATION IS VOLUNTARY	we appreciate your assistance.
Date of Application://	
POSITION APPLIED FOR:	
Applicant's Name:	Phone:()Area Code Phone Number
Cell Phone:() Ema	ail address:
Address:No./Street	City State Zip Code
Date of Birth://	Sex: Male  Female
REFERRAL SOURCE (s): Check as many as appli	<u>cable</u>
Walk-InInternet (Website)	Advertisement City Job Line
SchoolCity Employee	
Other	(Name)
RACE/ETHNIC GROUP: (Check One)	
(W) White	CHECK, if any of the following are applicable:
(B) Black/African American	(VV) Veteran
(H) Hispanic	(VN) Vietnam Era Veteran
(I) American Indian/Native Alaskan	
(A) Asian/Pacific Islander	(DV) Disabled Veteran

Human Resources City Hall - Room 215 10 North Division Street Battle Creek, Michigan 49014

# City of Battle Creek Employment Application An Equal Opportunity Employer



Full Name (Last	., First, Middle)	Today's Da	ate
Present Address	City	State	Zip
Phone Number	Cell Phone Number	Email Address	
	This employment application will be active for up to one (1) year. A considered for employment beyond this time should inquire as to whe accepted at that time.	ether applications are being	
	It is the City's policy to provide equal employment opportunity in all a relationship — including recruitment, hiring, promotion, and all condition ment — to all applicants and employees without discrimination because religion, sex, national origin, qualifying disability, marital status, height, we question on this application is intended to elicit information for a discrimination of the condition of the condit	ns and privileges of employ- e of race, creed, color, age, reight, or veteran status. No	
Are you at least	t 18 years old?		
Do you have th	e right to remain permanently in the U.S. and do you have authori	ization to work in the U.S.?	
Have you work	ed under a different name before? If yes, ex	xplain:	
Position applied	d for Seasonal Tempo	rary Full Time F	Part Time
Other	How did you learn about this opening?		
Are you preser	ntly employed? If yes, where?		
Have you ever	been employed by the City of Battle Creek before?	If yes, when, which De	epartment and
what was your	position?		
	l: Are you related to or know anyone who		
If yes, please na	me the individual(s) and relationship		
Have you ever	been involuntarily terminated from or asked to leave any job?		
date of dischar	ge, and the reason for discharge:		

Edu High	<u>cation</u>	Name and Location	Course of Study	Years Completed	Graduate? Yes No	Diploma Or Degree	GPA
Colle	ge						
	e School_ r formal e	education, training, or ex	perience which you fe	eel is relevant to t	he position for w	hich you are app	lying
Job-r	elated reg	gistrations, certifications,	or licenses:				
Do yo	ou have a	valid/unrestricted drivers	s license?License	Number:		Sta	te:
Do yo	ou have a	valid CDL license?	lf so, what t	ype endorsement	?		
Are a	ny felony	charges currently pendi	ng against you?	If yes,	explain:		
Have	you ever	been convicted of or ent	ered a plea for <b>any cri</b> i	me (misdemeand	or and/or felony)?	)	
If yes	s, list "AL	L" the crime(s) (includir	ng traffic violations) a	and explain			
Porc	eonal P	eferences*	(Nama)	(/\d	dross)	(Pho	no)
		elelelices_	(Name)	•	dress)	(Pho	ne)
3.							
*Excl	luding rel	atives or former employ	ers.				
(List I	below yo	<b>nt History</b> ur past and present emp ny employers.) Attach ac	,		. Include U.S. mil	itary service expe	erience.
1. Co	ompany_						
Ac	ddress:				Otantina	Endino	
Ph	none	Position	າ		Starting Salary	Ending Salary	
De	escription	of Duties					
Sı	upervisor'	's Name		Dates	s Employed: From	m To_	
Re	eason(s) f	or Leaving					
Ac	ddress:				Starting	Ending	
		Position					
		of Duties					
		's Name				m To_	
Re	eason(s) f	or Leaving					

3.	Company				
		Position	Starting	En Sa	ding lary
	Description of Duties_				
	Supervisor's Name		Dates Employ	ed: From	To
	Reason(s) for Leaving_				
4.	Company				
	Phone	Position	Starting Salary	Sa	ding lary
	Description of Duties_				
			Dates Employ		To
	Reason(s) for Leaving_				
E	mergency Contact	(Name)	(Address)	(Phone)	(Relationship)
			,	,	( ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
A	Applicant Statement  I hereby affirm that the information provided in this application (and accompanying resume, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions - verbal or written - may disqualify me from further consideration for employment and may result in discipline or dismissal, at the City's discretion, if discovered at a later date.  I authorize a thorough investigation of all statements and references contained in this application and of my employment, educational, and criminal history, including discipline and attendance records, and agree to cooperate				
	in such investigation. I release from all liability and responsibility all persons and entities requesting or supplying such information and waive any right to notice of such disclosure.  Should I receive a conditional offer of employment, I agree to submit to any physical and/or psychological medical examination. I further authorize any physician or entity conducting such medical examination to release the results of such examination to the City of Battle Creek. I hereby give consent for the City, through an authorized testing service of its choice, to collect urine or other samples from me to determine the presence of alcohol, drugs, or controlled substances, and I hereby release the City from any liability arising out of such tests or its results. I acknowledge that remaining free of drug use and complying with the City's substance abuse policy is a condition of my employment.				
	City to attempt to within 182 days of a understand that an at-will basis, at no reason. No partains specifical further understand	make a reasonable accommodation of when I knew or should have known are not are subject to termination at an erson other than the City Managor to make any different agreement. Ily to me, and is signed by the City than the I am required to abide by a	y that affects my ability to perform on for it. I must let the City know or own of my need for such accommot represented by a collective barging time, with or without notice, diser, or his designee, has authority it. No such agreement will be enforted that it was a collective barging to the city Manager, or his designee. Will rules and regulations of the City anagement of the unit in which I a	f my need for accomodation.  gaining unit, are escipline, or warning to offer employrorceable unless it ithout limiting the y and to work the	mployed on g, for any or nent for any is in writing, foregoing, I
Da	ate:				

Applicant Signature

## **ELECTION OF CONFIDENTIALITY AND DISCLAIMER**

Pursuant to Section 8(f) of the Michigan Open Meetings Act, MCL 15.261 et seq., an applicant for public employment may request that the contents of their application remain confidential and that review and consideration of that material occur in a closed session of a public body. if applicable.

To the Walla de Helder and that material dedar in a dioded deceler of a public bedy, if applicable.
To request that the confidentiality of the contents of your application pursuant to the Michigan Open Meetings Act and the Michigan Freedom of Information Act, MCL 15.231 et seq., you should clearly mark your preference by electing one of the following:
I request confidentiality.
I do not request confidentiality.
If no election is made, it will be assumed by the City of Battle Creek that confidentiality is not being requested by the applicant.
Please note:
The City of Battle Creek makes no promise or guarantee that even should confidentiality be requested that your name and the contents of your application will remain confidential. The City reserves the ability to publicly release such information pursuant to the Freedom of Information Act when deemed in the best interest of the City. Additionally, such information may be released during any public deliberation of candidates' qualifications or candidate interviews pursuant to the requirements of the Open Meetings Act, and Freedom of Information Act, and court cases interpreting those statutes.
The applicant specifically agrees, as a condition of consideration of their application by the City, to waive any claim for injury against the City, its officials, employees or agents due to the release of any information contained in their application.
Date:
Signature:
Printed name:

## CITY OF BATTLE CREEK



## APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the City of Battle Creek, I hereby authorize past employers and educational institutions to release information about my work and educational history for use in determining my qualifications for this position.

You may release or verify any information which includes but is not limited to:

Past Employers:				
Salary History				
Dates of Employment				
Positions Held				
Duties and Responsibilities				
Reasons for Leaving				
Eligibility for Rehire				
<b>Education Institutions:</b>				
Years of Attendance				
Degree Obtained				
Transcript				
If any exceptions, please indicate below:				
Signature	Date			
Name:				
Social Security #:				

#### Advanced Information Research 11403 Cronridge Drive, Suite 232 Owings Mills, Maryland 21117

Tel: (410) 654-5665 (800) 469-4473 Fax: (410) 654-9994 (800) 675-4473

#### **APPLICANT INFORMATION**

The following must be filled in completely for your application to be considered. (PLEASE PRINT CLEARLY) \_\_Social Security #:\_\_\_\_\_ Full Name: Important – List other names you have used in the last 7 years: Maiden / A.K.A. Name: Last date used: First Middle A.K.A. Name: \_\_\_\_\_ Last date used: \_\_\_\_\_ First Last date used: A.K.A. Name: \_\_\_\_\_ First Current Drivers License #: \_\_\_\_\_\_ State: \_\_\_\_\_ Birth Date: \_\_\_\_\_ From - To Current Address: Street / P.O. Box Zip Code Provide Dates State Important - List prior addresses for the last 7 years From - To Previous Address: \_\_\_\_ Street / P.O. Box City Zip Code Provide Dates State From - To Previous Address: \_\_\_\_ Street / P.O. Box State Zip Code Provide Dates From - To Previous Address: Street / P.O. Box City Zip Code **Provide Dates** State

IMPORTANT: PLEASE COMPLETE RELEASE AUTHORIZATION - NEXT PAGE

#### RELEASE AUTHORIZATION

In connection with my application for employment with you, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information concerning my motor vehicle operation history and criminal history from various county, state, private and insurance sources along with other public records available.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR; COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING; ADMINISTRATOR; LAW ENFORCEMENT AGENCY, STATE AGENCY, BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER; PERSONAL REFERENCE; AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE DRIVING HISTORY, EARNINGS HISTORY, CREDIT HISTORY, WORKER'S COMP. CLAIMS; CHARACTER, AND EMPLOYMENT RECORDS AND ANY OTHER INFORMATION REQUESTED TO ADVANCED INFORMATION RESEARCH. I VOLUNTARILY AND KNOWINGLY UNCONDITIONALLY RELEASE ANY NAMED OR UNNAMED INFORMANT FROM ANY AND ALL LIABILITY RESULTING FROM THE FURNISHING OF THIS INFORMATION. THIS AUTHORIZATION SHALL BE VALID FOR ONE YEAR FROM THE DATE SIGNED AND A PHOTOGRAPHIC OR FAXED COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

This release includes all county, state and federal agencies. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be advised and be given the name of the agency or source of information.

This information is being verified by **ADVANCED INFORMATION RESEARCH**. Any information or questions should be directed to the following address:

<b>ADVANCE</b>	D INFORMATION RESI	EARCH CONTRACTOR CONTR	
	dge Drive, Suite #232		
Owings Mills,		APPLICANT SIGNATURE	
Telephone:	410-654-5665		
_	800-469-4473		
Fax:	410-654-9994	TODAY/O DATE	
	800-675-4473	TODAY'S DATE	
The	following must be fille	ed in completely for your applicati (PLEASE PRINT CLEARLY)	on to be considered.
LAST NAME		FIRST NAME	MIDDLE NAME
CURRENT AD	DRESS		
CITY		STATE	ZIP CODE
SOCIAL SEC	URITY NUMBER	DDIVED'S LIC	CENSE NUMBER
		Driver 3 Lic	PLINGE MOMBER
		STATE WHEF	RE DRIVER'S LICENSE ISSUED