

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

City of Battle Creek
Employment Application
An Equal Opportunity Employer



Full Name (Last, First, Middle)		Today's Date	
Present Address	City	State	Zip
Phone Number	Cell Phone Number	Email Address	

This employment application will be active for up to one (1) year. Any applicant wishing to be considered for employment beyond this time should inquire as to whether applications are being accepted at that time.

It is the City's policy to provide equal employment opportunity in all aspects of the employment relationship — including recruitment, hiring, promotion, and all conditions and privileges of employment — to all applicants and employees without discrimination because of race, creed, color, age, religion, sex, national origin, qualifying disability, marital status, height, weight, or veteran status. No question on this application is intended to elicit information for a discriminatory purpose.

Are you at least 18 years old? _____

Do you have the right to remain permanently in the U.S. and do you have authorization to work in the U.S.? _____

Have you worked under a different name before? _____ If yes, explain: _____

Position applied for _____ Seasonal _____ Temporary _____ Full Time _____ Part Time _____

Other _____ How did you learn about this opening? _____

Are you presently employed? _____ If yes, where? _____

Have you ever been employed by the City of Battle Creek before? _____ If yes, when, which Department and what was your position? _____

Wage expected: _____ Are you related to or know anyone who currently works for the City? _____

If yes, please name the individual(s) and relationship _____

Have you ever been involuntarily terminated from or asked to leave any job? _____ If yes, identify your employer, date of discharge, and the reason for discharge: _____

Education

	Name and Location	Course of Study	Years Completed	Graduate?		Diploma Or Degree	GPA
				Yes	No		
High School	_____	_____	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____	_____	_____
Trade School	_____	_____	_____	_____	_____	_____	_____
Other formal education, training, or experience which you feel is relevant to the position for which you are applying							

Job-related registrations, certifications, or licenses: _____

Do you have a valid/unrestricted drivers license? _____ License Number: _____ State: _____

Do you have a valid CDL license? _____ If so, what type endorsement? _____

Personal References*

	(Name)	(Address)	(Phone)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

*Excluding relatives or former employers.

Employment History

(List below your past and present employment, starting with the most recent. Include U.S. military service experience. Do not skip any employers.) Attach additional sheets if necessary.

1. Company _____

Address: _____

Phone	Position	Starting Salary	Ending Salary
_____	_____	_____	_____

Description of Duties _____

Supervisor's Name _____ Dates Employed: From _____ To _____

Reason(s) for Leaving _____

2. Company _____

Address: _____

Phone	Position	Starting Salary	Ending Salary
_____	_____	_____	_____

Description of Duties _____

Supervisor's Name _____ Dates Employed: From _____ To _____

Reason(s) for Leaving _____

3. Company _____
 Address: _____
 Phone _____ Position _____ Starting Salary _____ Ending Salary _____
 Description of Duties _____
 Supervisor's Name _____ Dates Employed: From _____ To _____
 Reason(s) for Leaving _____

4. Company _____
 Address: _____
 Phone _____ Position _____ Starting Salary _____ Ending Salary _____
 Description of Duties _____
 Supervisor's Name _____ Dates Employed: From _____ To _____
 Reason(s) for Leaving _____

<u>Emergency Contact:</u>	(Name)	(Address)	(Phone)	(Relationship)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

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.

I also understand that if I have a protected disability that affects my ability to perform the job I seek, I may ask the City to attempt to make a reasonable accommodation for it. I must let the City know of my need for accommodation within 182 days of when I knew or should have known of my need for such accommodation.

I understand that employees of the City who are not represented by a collective bargaining unit, are employed on an at-will basis, and are subject to termination at any time, with or without notice, discipline, or warning, for any or no reason. No person other than the City Manager, or his designee, has authority to offer employment for any specified period or to make any different agreement. No such agreement will be enforceable unless it is in writing, pertains specifically to me, and is signed by the City Manager, or his designee. Without limiting the foregoing, I further understand that I am required to abide by all rules and regulations of the City and to work the hours, days and shifts (either day or night) scheduled by the management of the unit in which I am employed.

Date: _____
 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 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

Education Institutions:

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)**

Full Name: _____ Social Security #: _____
Last, First, Middle

Important – List other names you have used in the last 7 years:

Maiden / A.K.A. Name: _____ Last date used: _____
Last First Middle

A.K.A. Name: _____ Last date used: _____
Last First Middle

A.K.A. Name: _____ Last date used: _____
Last First Middle

Current Drivers License #: _____ State: _____ Birth Date: _____

From - To

Current Address: _____
Street / P.O. Box City State Zip Code Provide Dates

Important – List prior addresses for the last 7 years

From - To

Previous Address: _____
Street / P.O. Box City State Zip Code Provide Dates

From - To

Previous Address: _____
Street / P.O. Box City State Zip Code Provide Dates

From - To

Previous Address: _____
Street / P.O. Box City State Zip Code Provide Dates

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:

ADVANCED INFORMATION RESEARCH

11403 Cronridge Drive, Suite #232

Owings Mills, MD 21117

Telephone: 410-654-5665

800-469-4473

Fax: 410-654-9994

800-675-4473

APPLICANT SIGNATURE

TODAY'S DATE

**The following must be filled in completely for your application to be considered.
(PLEASE PRINT CLEARLY)**

LAST NAME

FIRST NAME

MIDDLE NAME

CURRENT ADDRESS

CITY

STATE

ZIP CODE

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER

STATE WHERE DRIVER'S LICENSE ISSUED