



# APPLICATION FOR EMPLOYMENT

Complete and return to:  
**CITY OF BERKLEY**  
Human Resources  
3338 Coolidge Highway, Berkley, MI 48072

## PLEASE PRINT OR TYPE

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Complete Home Address \_\_\_\_\_

Area Code & Telephone where you can be reached \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Position for which you are applying \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

When will you be available for work? \_\_\_\_\_

Have you ever been employed by the City of Berkley?     yes                     no

List any friends or relatives employed by the City of Berkley \_\_\_\_\_

## EDUCATION

Schools	Name & Address	No. Years Attended	Graduated (yes/no)	Degree Received	GPA	Major Areas of Study
High School						
College						
College						
Graduate School						
Other						
Other						

## EMPLOYMENT HISTORY

Our ability to evaluate your experience depends largely upon the information furnished here. Please begin with your most recent position. If additional pages are necessary, copy this page and attach.

→ From \_\_\_\_\_ To \_\_\_\_\_ Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Company Name \_\_\_\_\_

Address/Telephone \_\_\_\_\_

Your Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Supervisor \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

Work Performed \_\_\_\_\_

\_\_\_\_\_

May we contact this employer regarding your employment?  yes  no

→ From \_\_\_\_\_ To \_\_\_\_\_ Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

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Supervisor \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

Work Performed \_\_\_\_\_

\_\_\_\_\_

May we contact this employer regarding your employment?  yes  no

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May we contact this employer regarding your employment?  yes  no

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Supervisor \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

Work Performed \_\_\_\_\_

May we contact this employer regarding your employment?  yes  no

## ADDITIONAL INFORMATION

List any additional information which is relevant to the position you are seeking, such as skills, training, school activities, awards, leadership positions, hobbies or personal interests.

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## MILITARY SERVICE

Veteran of U.S. Armed Forces?  yes  no

Reserve Status \_\_\_\_\_ Branch \_\_\_\_\_ Serial No. \_\_\_\_\_

Date Entered \_\_\_\_\_ Date of Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Rank at Discharge \_\_\_\_\_ Major Duties \_\_\_\_\_

Service Schools and Other Special Training \_\_\_\_\_

## OTHER

Have you ever been convicted of a felony?  yes  no

If yes, please explain. \_\_\_\_\_

Have you ever been bonded?  yes  no

Have you ever been refused bond?  yes  no

If yes, please explain. \_\_\_\_\_

## EXPERIENCE AND QUALIFICATIONS – DRIVER

Driver's Licenses	State	License No.	Type	Expiration Date

- A Have you ever been denied a license, permit or privilege to operate a motor vehicle?     yes     no
- B Has any license, permit or privilege ever been suspended or revoked?                     yes     no

If the answer to either A or B is yes, attach statement giving details.

DRIVING EXPERIENCE				
Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approx No. of Miles (Total)
		To	From	
Straight Truck				
Tractor & Semi Trailer				
Tractor-Two Trailers				
Other				

List states operated in for the last five years: \_\_\_\_\_

List special courses or training that will help you as a driver: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

Dates of Accidents	Nature of Accident (Head-On, Rear-End, Upset, Etc)	Fatalities? (yes/no)	Injuries? (yes/no)

Traffic convictions and forfeitures for the past 3 years (other than parking violations). Attach sheet if additional space is needed)

Location	Date	Charge	Penalty

## EXPERIENCE AND QUALIFICATIONS – MAINTENANCE

For the items below, list types of maintenance experience and years of each.

Equipment You Can Operate	✓ Check if yes	Years of Experience
Woodworking Equipment		
Sheet Metal Equipment		
Clutch Rebuilding		
Differential Rebuilding		
Transmission Rebuilding		
Body Work		
Frame & Axle Straightening Equipment		
Electrical & Ignition Repair		
Engine Rebuilding Equipment		
Diesel Injection Equipment		
Electric Welder		
Oxyacetylene Welder		
Paint Spray Gun		
Wheel & Tire Balancing Machine		
Engine Dynamometer		
Chassis Dynamometer		
Magnetic Crock Tester		
Vacuum & Air Brakes		
Other		

List courses and training in maintenance work.

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## APPLICATION CERTIFICATION

I hereby certify that all the statements I have made on this application are true and correct and I understand that misrepresentation or withholding of information requested on this application may be grounds for immediate dismissal.

Further, I understand that after a conditional offer of employment, I may be required to take a complete physical exam and/or a drug test at the expense of the City.

Further, I hereby authorize an investigation of my past employment, activities and statements contained in this application and release from all liability and responsibility all persons, companies, or corporations supplying such information. I understand that such information may include a record of disciplinary action assessed by previous employers, and hereby release such parties from any obligation to provide me with written notification of such disclosure.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

## AGREEMENT AND UNDERSTANDING

1. I certify that the information in this application is true, complete and correct to the best of my knowledge and understand that falsification, misleading, misrepresentation or omission of any information submitted in connection with my application or interview, whether in this document or not, may result in rejection of my application or, if hired in dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

2. I waive written notice from my current employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel records (even if more than four years old). This waiver is made pursuant to the Bullard-Plawecki Employee Right-to-Know Act.

Signature \_\_\_\_\_ Date \_\_\_\_\_

3. I authorize the references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and any pertinent information they may have (even if more than four years old) and release all parties from any liability for any damages that may result from furnishing same to you.

Signature \_\_\_\_\_ Date \_\_\_\_\_

4. I authorize the City of Berkeley to release any information (even if more than four years old) relating in any way to my employment including disciplinary reports, letters of reprimand or other notices of disciplinary action when such information is requested by any prospective or subsequent employers without any obligation (by them or you) to give me any notice of such disclosure.

Signature \_\_\_\_\_ Date \_\_\_\_\_

5. I understand that any employment offer is conditional upon the results of the drug screening test and the post offer pre-employment medical examination.

Signature \_\_\_\_\_ Date \_\_\_\_\_

6. I have read the attached job description. If employed, I understand that if I am or become handicapped in need of accommodations for employment, I must notify the City of Berkeley in writing within 182 days after the need is known or reasonably should have been known to me. Failure to properly notify the City will preclude any claim that the employer failed to accommodate the handicapper.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**APPLICANTS FOR NON-UNION POSITIONS READ AND SIGN PARAGRAPH 7 (A). DO NOT SIGN PARAGRAPH 7 (B).**

7 (A) In consideration of my employment, I agree to conform to the rules and regulations of the City of Berkley, as they may be amended or changed from time to time, and I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either the City or myself. I understand that no officer or representative of the City has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the City Manager of the City and any such agreement must be made in writing, directed to me personally. I further acknowledge that no one has made any representations or statements to the contrary to the City's employment at-will policy or about the City's economic outlook or stability to me, either oral or in writing, and I acknowledge and understand that no one has the authority to make such representations or statements to the contrary in the future.

**APPLICANTS FOR UNION POSITION READ AND SIGN PARAGRAPH 7(B). DO NOT SIGN PARAGRAPH 7 (A).**

7 (B) In consideration of my employment, I agree to the rules and regulations of the City of Berkley. I further acknowledge I will be on probationary status for a period determined by the Union contract and/or City personnel rules and regulations. As a probationary employee I understand my employment and compensation can be terminated at any time with or without cause and with or without notice at the option of either the City or myself. I understand that no officer or representative of the City has the authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to the foregoing, except the City Manager of the City and any such agreement must be made in a signed writing directed to me personally.

I further understand that after my probationary period ends, I will be subject to the terms and conditions of the collective bargaining agreement between the City of Berkley and pertinent union. I acknowledge that no one has made any representations or statements contrary to the City's probationary at-will policy to me or about the City's economic outlook or stability either orally or in writing, and I acknowledge that no one has the authority to make such representations or statements to the contrary in the future.

Signature \_\_\_\_\_ Date \_\_\_\_\_

8. I agree that any lawsuit against the City arising out of my employment or termination of employment, including, but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within one year of the event giving rise to the claims or be forever barred. I waive any limitations period to the contrary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF EACH OF THE ABOVE EIGHT (8) INDIVIDUAL STATEMENTS, AS INDICATED ABOVE.

Signature \_\_\_\_\_ Date \_\_\_\_\_