



City of Brighton

OFFICE OF THE HUMAN RESOURCES MANAGER

APPLICATION FOR EMPLOYMENT

The City of Brighton reserves the right to perform necessary employment screenings. Employment screenings may vary based on the positions offered and may include any or all of the following: drug screening, employment verification, verification of educational credentials, professional licensure verification, criminal record searches, civil record searches, driving records and Social Security Number verification.

City of Brighton
200 N. First Street
Brighton, MI 48116
Attention: Human Resources
Applications@brightoncity.org

Instructions: Please provide complete and accurate information. You may attach a resume to the application.

<u>PERSONAL INFORMATION</u>		
The Civil Rights Act of 1964 prohibits discrimination in employment due to race, color, creed, religion.		
First Name	Middle Initial	Last Name
Phone Number	Email	
Address		
City	State	Zip Code
Have you ever been employed at the City of Brighton?		
Yes	No	
Have you served in the US Armed Forces?		
Yes	No	
If yes, please answer the following:		
Branch	Position	Type of Discharge
Start Date	End Date	

Have you ever been court-martialed or convicted of violating any laws within the last (7) seven years (excluding minor traffic fines)?		
Yes	No	
Are you legally eligible for employment in the United States?		
(Proof of citizenship or immigration status will be required for employment)		
Yes	No	
Are you 18 years old or older?		
Yes	No	
<u>EDUCATION AND QUALIFICATIONS</u>		
Do you have a high school diploma, GED, or equivalent?		
Yes	No	
College Education, Training and Certifications		
Vocational/Technical		
School Name	City/State	Dates Attended
Degree Earned		
Professional Licenses/Certifications/Training		
Type Certificate/License Number		
College/University		
College Name	City/State	Dates Attended
Completed Credit Hours	Course (Major/Minor)	
Diploma/Degree	Graduation Date	
Special Interests:		
College Name	City/State	Dates Attended
Completed Credit Hours	Course (Major/Minor)	
Diploma/Degree	Graduation Date	
Special Interests:		
Do you possess a valid Michigan Driver's License:		
Yes	No	

POSITION DESIRED

Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Under Michigan law, 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. Failure to properly notify the city may preclude any claim that the employer failed to accommodate the disabled individual under Michigan law.

Position	Date Available	Desired Pay (Hourly/Annual)

EMPLOYMENT EXPERIENCE

List previous employment starting with your most recent employer including time served in the military.

Employer Name		
Address	City	State
Start Date	End Date	
Job Title and Duties		
Reason for Leaving		

Employer Name		
Address	City	State
Start Date	End Date	
Job Title and Duties		
Reason for Leaving		

Employer Name		
Address	City	State
Start Date	End Date	
Job Title and Duties		
Reason for Leaving		

<u>REFERENCES</u>		
Provide the contact information of three people, not related to you, who have knowledge of your experience and qualifications.		
Full Name/Title Position	Email Address	Phone
Full Name/Title Position	Email Address	Phone
Full Name/Title Position	Email Address	Phone

The City of Brighton is an equal opportunity employer and will not unlawfully discriminate based on race, color, sex, religion, national origin, age, marital or veteran status, disability, familial status, genetic information, height, weight, or any other protected status.

Authorizations and Understanding

I certify that all information provided in this employment application is true and complete. I understand that any false or misleading information will disqualify me from further consideration for employment and may result in dismissal if discovered on a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions which may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that I may be required to successfully pass a drug screening examination and background investigation. I hereby consent to a pre- or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment, it may be conditional upon the successful completion of a pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand that this application, verbal statements by management, or subsequent employment does not create an expressed or implied contract of employment, nor guarantee employment for any definite period of time.

By submitting this application, I acknowledge that I authorize and understand the above statement.

Signature

Date