



# CITY OF BERKLEY

3338 COOLIDGE HWY, BERKLEY, MICHIGAN 48072

## Employment Application

Employment applications **must** be emailed to [hr@berkleymi.gov](mailto:hr@berkleymi.gov) for consideration. This form is a fillable PDF. Click into the sections and type to complete. All applicants must complete pages 1-8 of this application packet. Public Safety Officer applicants must additionally complete page 9-11.

Full Name: \_\_\_\_\_  
First M. Last

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

How did you hear about this position? \_\_\_\_\_ Minimum Salary Requirements: \_\_\_\_\_

Have you ever been employed by the City of Berkley? Yes No

If yes: \_\_\_\_\_  
When Position Held

Do you have any relatives currently employed or elected by the City of Berkley? Yes No

If yes, please list them: \_\_\_\_\_

Are you legally authorized to work in the United States? Yes No

Are you 18 years of age or older? Yes No

Type of employment desired (check all that apply): Full -Time Part-Time Seasonal

### EEO/ADA Statement:

The City of Berkley does not discriminate in its employment or any other programs or activities on the basis, of sex, race, color, age, height, weight, marital status, national origin, religion, arrest record, physical or mental disability, family status, sexual orientation, gender identity or any other protected category.

We provide reasonable accommodation for qualified individuals with a disability if requested. Individuals with special needs who may require assistance with the application process should contact the Human Resources Department at (248) 658-3356 or [hr@berkleymi.gov](mailto:hr@berkleymi.gov) if auxiliary aids or services are needed. Reasonable advanced notice is required.

### Employment History

Please begin with your most recent position. If additional pages are necessary, copy this page and attach.

Company: _____	From: _____	To: _____
Job Title: _____	Salary/Wage: _____	
Address: _____		
Duties Performed: _____ _____		
Reason for leaving: _____		
Average Hours Per Week: _____	May we contact this employer?	Yes      No

Company: _____	From: _____	To: _____
Job Title: _____	Salary/Wage: _____	
Address: _____		
Duties Performed: _____ _____		
Reason for leaving: _____		
Average Hours Per Week: _____	May we contact this employer?	Yes      No

Company: _____	From: _____	To: _____
Job Title: _____	Salary/Wage: _____	
Address: _____		
Duties Performed: _____ _____		
Reason for leaving: _____		
Average Hours Per Week: _____	May we contact this employer?	Yes      No

### Employment History

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Company: _____	From: _____	To: _____
Job Title: _____	Salary/Wage: _____	
Address: _____		
Duties Performed: _____ _____		
Reason for leaving: _____		
Average Hours Per Week: _____	May we contact this employer?	Yes      No

Company: _____	From: _____	To: _____
Job Title: _____	Salary/Wage: _____	
Address: _____		
Duties Performed: _____ _____		
Reason for leaving: _____		
Average Hours Per Week: _____	May we contact this employer?	Yes      No

Company: _____	From: _____	To: _____
Job Title: _____	Salary/Wage: _____	
Address: _____		
Duties Performed: _____ _____		
Reason for leaving: _____		
Average Hours Per Week: _____	May we contact this employer?	Yes      No

**Education**

School	Name of School	Graduated	Major/ Type of Degree Received
High School			
College			
College			
Other			
Other			

**Military Service**

Have you had any experience in the U.S. Armed Forces or in a State National Guard?      Yes      No

Branch: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ - \_\_\_\_\_ Reserve Status: \_\_\_\_\_

Did you receive an honorable discharge?      Yes      No

*A dishonorable discharge from the military will not necessarily bar you from employment.*

**Additional Information**

Describe any specialized training, apprenticeships, internships, skills, licenses, endorsements, certificates, and extracurricular activities that pertain to the position for which you are applying (include CDL licenses and endorsements)

### Questionnaire

**Instructions:** Answer all questions in this section. Questions in this section may be job related or required by state or federal laws. Your answers will not be considered unless the information is related to the job for which you are applying. However, your answers will be compared to information obtained in any background investigation, and any discrepancies may disqualify you from consideration.

1. Have you ever been convicted of a crime(s) other than a minor traffic violation?

Yes                      No

a. If yes, please explain, include dates and location:

2. Do you have any felony charges pending against you?

Yes                      No

a. If yes, please explain, include dates and location:

3. Have you ever been fired or asked to resign (not including layoffs or downsizing)?

Yes                      No

a. If yes, please explain:

4. Has your driver's license ever been suspended or revoked?

Yes                      No

5. Are you able to perform the essential functions of the job for which you are applying? (We will provide reasonable accommodation to qualified individuals with a disability upon request as required by law.)

Yes                      No

**Criminal History & Driving Record Background Check Consent Form**

**Full Legal Name:** \_\_\_\_\_

**Any other names used (I.e. Maiden name):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Current Address:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Consent and Disclosure**

The City of Berkley is committed to providing a safe and secure work environment. As part of our hiring or employment process, we conduct criminal background checks. This process is in accordance with applicable federal, state, and local laws.

By signing this form, you are authorizing the City of Berkley or its authorized agent(s) to obtain and review your criminal history records and driving record as part of your application or continued employment.

This background check may include information regarding past criminal convictions, pending charges, or other law enforcement records as permitted by law.

**Authorization and Acknowledgment**

I, the undersigned, hereby voluntarily authorize the City of Berkley and/or its agents to conduct a criminal & driving record background check. I understand that:

- This information will be used solely for employment-related decisions.
- I acknowledge that I have been informed of my rights under the Fair Credit Reporting Act (FCRA) and Michigan state law, including the right to dispute any inaccuracies in the background check report: [https://files.consumerfinance.gov/f/documents/bcfc\\_consumer-rights-summary\\_2018-09.pdf](https://files.consumerfinance.gov/f/documents/bcfc_consumer-rights-summary_2018-09.pdf) .
- Providing false or misleading information may result in disqualification from employment or termination.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



### **Acknowledgements**

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.

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.

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

I authorize the City of Berkley 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

You have reached the end of the standard application packet. Please email your completed application to **hr@berkleymi.gov**

All Public Safety Officer applicants must complete the following additional application page and the Michigan Commission on Law Enforcement Standards (MCOLES) waiver & authorization form.



**Public Safety Applicants**

The following pages are intended solely for Public Safety Officer applicants.

If you are not applying for the position Public Safety Officer you can leave these pages blank.

Are you currently employed or have you ever been employed as a Certified Police Officer, Firefighter, or Public Safety Officer?

Currently Employed                      Previously Employed                      No

If you are currently employed or have been previously employed, did you leave in good standing?

Yes                      No

If no, please explain, include details, dates and location: \_\_\_\_\_

MCOLES Number: \_\_\_\_\_

Have you passed the MCOLES Reading & Writing Test?      Yes, date completed: \_\_\_\_\_      No

Have you passed the MCOLES Physical Fitness Test?      Yes, date completed: \_\_\_\_\_      No

*In order to be considered for employment as a Public Safety Officer, you must pass both MCOLES tests. The Physical Fitness Test expires after one year.*

<b>Training &amp; Certifications:</b>	<b>School Attended:</b>	<b>Status:</b>	<b>Certifications Received:</b>	<b>Certification Status:</b>
Police Academy				
Fire Academy				
Medical				
Other				

Are you a citizen of the United States?                      Yes                      No

Additional Information & Certifications:

08/2025

### Michigan Commission on Law Enforcement Standards

927 Centennial Way, Lansing, MI 48913  
Email: [MSP-MCOLES@Michigan.Gov](mailto:MSP-MCOLES@Michigan.Gov)  
Main Line: 517-636-7864

### WAIVER & AUTHORIZATION FOR RELEASE OF INFORMATION

*Sections A & B to be completed by all applicants (non-licensed, currently licensed, and previously licensed law enforcement officers)  
Section C to be completed by all current or previously licensed law enforcement officers.*

**Section A** – This form shall be completed electronically with your responses typed into the appropriate spaces.

Last Name:	First Name:	Middle Name:	Suffix (Jr, Sr, III):	
Other Name(s) Known By (Including Aliases, by Marriage, or Legal Name Change)				
Social Security No.*:	Date of Birth:	Phone No.:	Gender‡:	Race‡:
Residence Address (Street, City, State, Zip):			Highest Degree:	
Drivers License No.:	Issuing State:	E-Mail Address:		

**Section B** – Authorization for release of information:

I hereby authorize any individual, agency or organization to furnish to the Michigan Commission on Law Enforcement Standards, the \_\_\_\_\_<sup>1</sup>, their representatives and/or agents (including, but not limited to, academies or contractors) any and all information pertaining to my background and ability to comply with the standards for selection, employment, training and licensing as a law enforcement officer. Such information includes, but is not necessarily limited to: employment, criminal, academic, military, and personal histories; academic attendance and driving records; and medical records (includes medical/psychological, including diagnosis and prognosis, if any).

I hereby authorize any individual, agency or organization to release such information upon request. This authorization is executed with the full knowledge and understanding that the information is for official use by the Michigan Commission on Law Enforcement Standards and the \_\_\_\_\_<sup>1</sup>.

Further, I hereby authorize the Michigan Commission on Law Enforcement Standards to release any and all records collected pursuant to this authorization to any individual, agency or organization for the legitimate purposes of fulfilling the Commission’s statutory and administrative objectives.

I hereby release any individual, agency or organization, including its officers, employees and related personnel, both individually and collectively, from any and all damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it.

This Authorization shall continue in effect until revoked by me in writing. A completed and signed photocopy or electronic copy of this Authorization shall have the same force as the original.

Applicant Signature:	Today’s Date:
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<sup>1</sup> Type or print the name of the hiring law enforcement agency or the enrolling academy.

**\*\*\*Section C to be completed by all current or previously licensed law enforcement officers only\*\*\***

**Section C – Former Michigan employing law enforcement agency authorization:**

I hereby authorize any and all of my former employing Michigan law enforcement agencies to provide the \_\_\_\_\_<sup>1</sup> with a copy of the record regarding the reason or reasons for, and circumstances surrounding, my separation of service created by any former employing law enforcement agency or agencies. **(Under 2017 PA 128, MCL 28.561, et seq. a hiring law enforcement agency shall not hire a law enforcement officer unless the hiring law enforcement agency receives the record regarding the reason or reasons for, and circumstances surrounding, a separation of service from each prior employing law enforcement agency.)**

Applicant Signature:

Today's Date:

<sup>1</sup> Type or print the name of the hiring law enforcement agency or the enrolling academy.

AUTHORITY: 1965 PA 203; 2017 PA 128  
COMPLIANCE: Voluntary  
PENALTY: No License Activation/ Employment/  
Academy Enrollment

\* This information is confidential.  
Confidential information is protected  
by the Federal Privacy Act.

† This information is for  
the purposes of EEO  
reporting only.