CITY OF BERKLEY

3338 COOLIDGE HWY, BERKLEY, MICHIGAN 48072

Employment Application

Employment applications **must** be emailed to 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? Selection _____ 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 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

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

Education

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

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/bcfp_consumer-rights-summary_2018-09.pdf .
- Providing false or misleading information may result in disqualification from employment or termination.

Signature: _____

Date: _____

City of Berkley

Equal Employment Opportunity Information Form

The City of Berkley is an EQUAL OPPORTUNITY EMPLOYER. To help us comply with government record keeping requirements we would appreciate your completing the following form. Any information given will not be used to decide if you will be hired. This information will be kept confidential, and only be used in accordance with applicable state and federal laws and regulations. You ARE NOT required to provide this information.

Check the space that applies to you:

Sex

_____ Male

_____ Female

Race:

_____ White (0)

_____ Black (1)

_____ Asian/Pacific Islander (2)

_____ American Indian/Alaskan National (3)

_____ Hispanic (4)

_____ Multiracial (5): Parents of different races

Explain: _____

Are you a Vietnam Era Veteran?

_____ Yes

_____ No

_____ **I elect not to complete this section of the form**

How did you find out about this job? Please mark the appropriate source below:

_____ Job Announcement/Posting

_____ Job Hotline

_____ Internet - Site? _____

_____ Newspaper ad - Which newspaper? _____

_____ City Employee _____

_____ Cable Ad

_____ Michigan Employment Security

_____ Agency Received a mailing

_____ Just walked into Human Resources

_____ Office Group or organization - Which one? _____

_____ Facebook, Twitter, LinkedIn, other Social Media - Which one? _____

_____ MIWorks Career Center Other - _____

Explain: _____

Position Applied for: _____ Date: _____

Name _____
Last First Middle

Address _____
Street

_____
City State Zip Code County

:

Highest Grade Completed (please circle): 6 7 8 9 10 11 12 13 14 15 16 17 18

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@cityofberkley.gov**

All Public Safety Officer applicants must compete 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.

Training & Certifications:	**School Attended:**	**Status:**	**Certifications Received:**	**Certification Status:**
Police Academy		Selection		Selection
Fire Academy		Selection		Selection
Medical		Selection		Selection
Other		Selection		Selection

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
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 City of Berkley[1], 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 City of Berkley[1].

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:

[1] 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 City of Berkley[1], 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:

[1] 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.