

# Village of Brooklyn

121 N. Main St.  
P.O Box 90  
Brooklyn MI 49230  
(517) 592-2591



## EMPLOYMENT APPLICATION

An Equal Opportunity Employer

It is the policy of the Village of Brooklyn (the Village) to afford equal employment opportunity regardless of a person's race, religion, color, national origin, sex, marital status, height, weight, or disability.

TODAY'S DATE: \_\_\_\_\_

NAME (Last, First, Middle Initial): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Careful and thoughtful completion of this application is an important step in the Village's consideration of individuals for employment. Please complete the entire application. If you need to clarify any responses and there is insufficient space on this application to do so, please write your response on a separate sheet and attach it to this application. Your application will become inactive after 90 calendar days. Before you sign this application, please ask Village personnel any questions that you may have. Thank you.

Are you at least 18 years old? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you have current and unrestricted authorization to work in the U.S.? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you worked under a different name before? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, explain: \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ YES \_\_\_\_\_ NO      Any restrictions? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, explain: \_\_\_\_\_

Type of license? (Operator, CDL, etc.) \_\_\_\_\_

## POSITION FOR WHICH YOU ARE APPLYING

Position (use specific title): \_\_\_\_\_

Date available: \_\_\_\_\_ Are you presently employed? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, where? \_\_\_\_\_

Are you subject to recall at another job? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, explain: \_\_\_\_\_

Are you related to or know anyone who currently works for the Village? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please name the individual(s): \_\_\_\_\_

## EDUCATION

	High school	College	Other
Names and location			
Course of study			
Years completed			
Graduate? Yes / No			
Diploma or degree			
GPA			

Other formal education or experience which you believe is relevant to the position for which you are applying: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, state the crime(s): \_\_\_\_\_

Have you ever been arrested for a felony? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, explain: \_\_\_\_\_

What other employment or "sideline" business do you have?

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Would you want to continue this if employed by the Village? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you currently have any licenses or certifications which are relevant to the position for which you are applying? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, explain: \_\_\_\_\_

**PERSONAL REFERENCES**  
(Name, address & telephone)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please list past and present employers, starting with most recent. Include employment with U.S. military service. Do not skip any employers.

Name and address: \_\_\_\_\_

Position: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_

Description of duties: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

May we contact this employer: \_\_\_\_\_ YES \_\_\_\_\_ NO

Reason(s) for leaving: \_\_\_\_\_

Name and address: \_\_\_\_\_

Position: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_

Description of duties: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

May we contact this employer: \_\_\_\_\_ YES \_\_\_\_\_ NO

Reason(s) for leaving: \_\_\_\_\_  
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Name and address: \_\_\_\_\_

Position: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_

Description of duties: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

May we contact this employer: \_\_\_\_\_ YES \_\_\_\_\_ NO

Reason(s) for leaving: \_\_\_\_\_  
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Name and address: \_\_\_\_\_

Position: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_

Description of duties: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

May we contact this employer: \_\_\_\_\_ YES \_\_\_\_\_ NO

Reason(s) for leaving: \_\_\_\_\_

## APPLICANT STATEMENT AND RELEASE OF CONFIDENTIAL INFORMATION

I affirm that the information provided on this application (and accompanying résumé, if any) is true and complete. I also agree that any false information, misrepresentations or omissions may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date.

I authorize the Village to investigate all statements contained in this application, including disciplinary records of any former employers, police departments, and other references or sources concerning me. I authorize all such references and sources (and the Village) to release this information without liability for damage incurred in giving it. I waive any written notice of the release of such records that may be required by state or federal law.

Should I receive a conditional offer of employment, I agree to submit to any physical and/or psychological medical examination, if required. I further authorize any physician or entity conducting such examinations to release the results of such examinations to the Village.

I also understand that if I have a protected disability that affects my ability to do the job I seek, I may ask the Village to attempt to make a reasonable accommodation for it. I must make my request in writing to the Village as soon as possible, and under the Michigan Persons With Disabilities Civil Rights Act, such notice must be given no later than 182 days after the date I became aware that accommodation may be needed.

Should I receive a conditional offer of employment, I give my consent for the Village, through an authorized testing service of its choice, to collect blood, urine, or saliva samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances. I hereby release the Village from any liability arising out of such test or its results. Further, I give my consent for the release of the test results and other relevant medical information to authorized Village management for appropriate review. If I am accepted for employment by the Village, I consent to be tested in the above manner during my employment when, in the Village's judgment, such testing is appropriate. I acknowledge that remaining free of illegal drug use and complying with the Village's substance abuse policy is a condition of my employment.

I understand that employment with the Village is on an indefinite basis and is subject to termination at any time, with or without notice, discipline, or warning, for any or no reason. No person other than the Village Manager has authority to offer employment for any specified period or to make any contract contrary to the foregoing. Moreover, no such agreement by the Village Manager will be enforceable unless it is in writing, pertains specifically to me, and is signed by the Village Manager.

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Applicant's Signature

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Date

**Village of Brooklyn**

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**RELEASE OF CONFIDENTIAL INFORMATION**

(Continued from page 1; copy on reverse)

Applicant's Full Legal Name: \_\_\_\_\_

Other names applicant has been known by and dates when name was used:

\_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State of issuance: \_\_\_\_\_

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I understand that in determining suitability for employment, the Village may obtain background information through the Columbia Township Police Department. I hereby release the Village, the Columbia Township Police Department and any organization from which information may be obtained from liability or damage which may result from furnishing this information.

**\*\*\*This section must be notarized and signed in the presence of a Notary Public.\*\*\***

Signed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Notary Public: \_\_\_\_\_ County of: \_\_\_\_\_

My commission expires on: \_\_\_\_\_

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date