

DEPARTMENT of POLICE

City of

STURGIS, MICHIGAN



Employment Application And Personal History Statement

AN EQUAL OPPORTUNITY EMPLOYER

GENERAL INFORMATION

Read Carefully Before You Complete This Application

NOTICE: Print clearly or type. Answer all questions. If specific section does not apply then enter N/A in that section. If you need additional space to answer any section you may use a separate sheet of paper and identify your answer with the referenced block (i.e. Employment Record).

Application must be completed by the person who is applying for the position.

Incomplete applications will not be processed!

Please be sure to date and sign this application in the appropriate section.

Do not misstate or omit any material facts. Any application containing misstatements, omissions or false information will be rejected from any further consideration.

GENERAL INFORMATION

Application for the position of:			Date:
Last Name	First Name	Middle Name	Soc. Sec. No.
Alias(es), Nickname(s), Maiden Name, Other Changes in Name			Phone No. / /
Present Residence Address Street or RDF / City or Post Office / State Zip Code			
Place of Birth (City, County, State)			Attach photostatic copy of birth certificate or baptismal certificate.
Scars, Physical Defects, Distinguished Marks			
U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Naturalization Certificate No.	If Derived, Parent's Certificate No.	Date, Place, and Court

EMPLOYMENT RECORD

List all previous employment. START WITH MOST RECENT POSITION AND WORK BACK TO THE LEAST RECENT POSITION. Identify part-time jobs with "P.T." and temporary jobs with "Temp."

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM	1.			
TO				
DUTIES PERFORMED				
FROM	2.			
TO				
DUTIES PERFORMED				
FROM	3.			
TO				
DUTIES PERFORMED				
FROM	4.			
TO				
DUTIES PERFORMED				
FROM	5.			
TO				
DUTIES PERFORMED				
FROM	6.			
TO				
DUTIES PERFORMED				
If now employed, why do you desire to change?		Were you ever discharged or have you resigned after being informed you employer intended to discharge you? <input type="checkbox"/> Yes <input type="checkbox"/> No. If so, Why?		

May we contact your present employer? _____

Did you ever apply to, or work for, the City of Sturgis before? _____

Under what name? _____

When? _____

List anyone you know who works for us: _____

EDUCATION:

High School: _____
Name and Address of School

No. of Years Attended: _____

Did You Graduate? _____

College: _____
Name and Address of School

No. of Years Attended: _____

Did You Graduate? _____

Subject/Major: _____

Specialized or Other School: _____
Name and Address of School

No. of Years Attended: _____

Did you Graduate? _____

Subject/Major: _____

Do you have US Military experience? _____ Date Entered _____

Branch _____ Rank _____ Date Discharged _____ Honorably? _____

Are you lawfully entitled to be employed in the United States? _____

Have you ever been convicted of a felony or do you have felony charges pending against you? _____

If so, please state offense, date and place where offense occurred: _____

Please provide any additional information, such as special skills, training, management experience, equipment, operation or qualifications you feel will be helpful to us in considering you application. (i.e. typing, computers, lein, PBT, breathalyzer, radar, etc.)

FOREIGN LANGUAGE: Enter foreign language and indicate your knowledge of each by placing "X" in proper column.

Language	Reading			Speaking			Understanding			Writing		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair

VEHICLE OPERATOR'S LICENSE (Driver's, Chauffeur's, etc.) Give the following information concerning any vehicle operator's license you have held or now hold:

License Number	State	Type	Expiration Date	Restrictions

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No

Explain fully: _____

Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance? Yes No

If yes, give details, including reasons, names of companies, dates, etc.: _____

REFERENCES

Give names of three persons not related to you, who know you through school, business or personal association. Do not use former employers.

A. CHARACTER	Name	Business or Profession
	Address	Home Phone/Business Phone
	Name	Business or Profession
	Address	Home Phone/Business Phone
	Name	Business or Profession
	Address	Home Phone/Business Phone

List at least three credit references. Give card number (if credit card) or account number for all others.

B. CREDIT	Name	Years Known	Address (Business Address Preferred)		
			Street	City	State

Are you certified by MCOLES? Yes No

If certified, indicate location and date when certification was received: _____

ARRESTS, CONVICTIONS, DETENTION, LITIGATION: (INCLUDING Juvenile, Traffic, Civil, Military, etc.)

Have you ever been arrested or detained by any law enforcement agency? Yes No

If yes, explain in detail: _____

Have you ever been convicted of any criminal or civil offense? Yes No

If yes, describe in detail including date of conviction, Court of Record, offense, etc., (include any pleas of Nolo Contendre) Traffic Tickets, etc.

Have you ever been a defendant in any civil action? Yes No

If yes, explain: _____

Have you ever been fingerprinted for any reason (arrest, job applicant, licensing, etc.)? Yes No

If yes, explain: _____

Do you have any other characteristics which would hinder your ability to perform the job functions as described on the sheets accompanying this application?

Yes No If yes, Give Details.

Have you ever applied for a position with any governmental agency? Yes No. If yes, give details.

RESIDENCES: List all residences for the past five years, beginning with your present address.

Month and Year		Street and Number	City	State or County
From	To			

The Following Documents Must Accompany This Application:

- **Copy of MCOLES Certification**
- **Copy of College Transcript**
- **Copy of Birth Certificate**
- **Copy of Signed and Notarized “Release of Information Authorization”**

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING TO INDICATE YOUR UNDERSTANDING:

I understand that, prior to being offered employment; I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Sturgis Police Department prior to the administration of the test so that a reasonable accommodation can be made. The Police Department reserves the right to require medical documentation regarding the need for accommodation.

I understand that if I am hired and if I suffer from a protected disability that affects my ability to do the job, I may ask the Sturgis Police Department to attempt to make a reasonable accommodation for it. I must make my request in writing to the personnel department within 182 days after I knew or reasonably should have known that an accommodation was needed.

I understand that the Sturgis Police Department is required, by Michigan law, to assure that its law enforcement officers meet certain minimum employment standards as published by the Michigan Commission on Law Enforcement Standards.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted, to provide you with any and all applicable information they may give to you.

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers and that the entries made by me above are true, complete and correct to the best of my knowledge and belief and are made in good faith.

I further agree and consent in advance to being summarily discharged without cause or hearing if any of the above information contains any misrepresentation or falsification or if any material information had been omitted. In the event that I am employed by this department, I agree to comply with its dress code, with all of its orders, rules, and regulations. I hereby authorize my former employers to give any information regarding my employment with them, and in addition, to furnish any other information they may have concerning me.

_____ / _____ / _____
Date / Signature of Applicant /
_____ / _____ / _____
Date of Hire / Starting Salary / Department ID #

AUTHORIZATION FOR RELEASE OF INFORMATION INSTRUCTION SHEET

All applicants (Sections A & B):

Sections A & B of the attached Authorization for Release of Information must be completed by all applicants of a Michigan law enforcement agency ("Agency"), basic law enforcement training academy or pre-service track program ("Academy"), or the Recognition of Prior Training and Experience ("RPTE") program.

Prospective employing Law Enforcement Agency, Academy, or RPTE program requesting information responsibilities for completing the authorization for release of information form:

- The Agency, Academy or RPTE program requesting information to satisfy the requirement of a comprehensive background investigation must enter their entity's name in the blank areas of Section B (see footnote #1 on the authorization for release of information waiver form).
- Print this form and provide to all Agency, Academy, or RPTE applicants for completion.

Applicant responsibilities:

Once the prospective employing Agency, Academy or entity has printed and provided the applicant with the authorization for release of information waiver form the applicant shall:

- All applicants (non-licensed, currently licensed, and previously licensed law enforcement officers) shall complete all of **Section A**.
- All applicants (non-licensed, currently licensed, and previously licensed law enforcement officers) shall sign and date the bottom of **section B**.
- **Currently licensed and previously licensed law enforcement officers proceed to Section C (see below instructions)**.
- Non-licensed individuals return the completed and signed Authorization for Release of Information form to the prospective employing law enforcement Agency, Academy, RPTE program, or entity.

The prospective employing law enforcement Agency, Academy, or RPTE program shall use this form to satisfy requirements to complete a comprehensive background investigation.

Applicants who are CURRENTLY LICENSED or PREVIOUSLY LICENSED law enforcement officers (Section C):

Prospective employing law enforcement agency *and* CURRENTLY LICENSED/PREVIOUSLY LICENSED law enforcement officer applicants complete sections A & B as instructed above.

Effective January 15, 2018:

2017 PA 128 requires a law enforcement officer who is licensed or who was previously licensed or certified under the Michigan Commission on Law Enforcement Standards Act, 1965 PA 203, MCL 28.601 to 28.615, and was previously employed as a law enforcement officer in this state, who separates from his or her employing law enforcement agency or from employment as a law enforcement officer and who subsequently seeks to become reemployed as a law enforcement officer in this state, to provide the prospective employing law enforcement agency a **signed waiver**. This Authorization for Release of Information form serves as that waiver.

As required by statute the waiver expressly requires the prospective employing law enforcement agency to contact the law enforcement officer's former employing law enforcement agency or agencies and seek a copy of the record regarding the reason or reasons for, and circumstances surrounding, his or her separation of service which was created by his or her former employing law enforcement agency or agencies.

The prospective employing law enforcement agency is responsible for providing the waiver to the former employing law enforcement agency or agencies and requesting copies of the record regarding the reason or reasons for, and circumstances surrounding, his or her separation of service from each agency.

A prospective employing law enforcement agency **shall not hire** a law enforcement officer who was previously separated from their employment with a law enforcement agency or agencies unless the prospective employing law enforcement agency receives the record created regarding the reason or reasons for, and circumstances surrounding, his or her separation of service created by his or her former employing law enforcement agency or agencies.

Section C of the attached Applicant Information Sheet and Authorization for Release of Information form must be completed by any applicant who is LICENSED or was PREVIOUSLY LICENSED and has separated service from their previous employing law enforcement agency or agencies.

Prospective employing Law Enforcement agency requirements:

- The prospective Agency, Academy, or RPTE program requesting information to satisfy the requirements under 2017 PA 128 must enter their name in the blank area of **Section C** (see footnote #2 on the authorization for release of information waiver form).
- Print the form and provide to the applicant for completion for each previously employing law enforcement agency.

Applicant responsibilities:

- Sign and date the form. Return the form to the Agency, Academy, or RPTE program.

The Agency, Academy, or RPTE program shall use this form to satisfy requirements to complete a comprehensive background investigation and the requirements under 2017 PA 128.

AUTHORIZATION FOR RELEASE OF INFORMATION

Sections A & B to be completed by all applicants (non-licensed, currently licensed, or previously licensed law enforcement officers)

Section A - Type or print only:

Last Name:	First Name:	Middle Name:	Suffix (Jr, Sr, III):
Social Security No.*:	Date of Birth:	Gender [‡] :	Race [‡] :
Residence Address (Street, City, State, Zip):		Phone No.:	Highest Degree:
Drivers License No.:	Issuing State:	E-Mail:	

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 Sturgis Police Department¹, 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 Sturgis Police Department¹.

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 photostatic copy of this Authorization shall have the same force as the original.

Signature:	Today's Date:
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*****Section C to be completed by current or previously licensed law enforcement officers only*****

Section C – Former Michigan employing law enforcement agency authorization:

Further, I hereby authorize the Sturgis Police Department², to contact my former Michigan employing law enforcement agency or agencies to request and obtain a copy of the record regarding the reason or reasons for, and circumstances surrounding, my separation of service created by any of my former employing law enforcement agency or agencies. ***(Under 2017 PA 128, MCL§28.561, et seq. a prospective employing law enforcement agency shall not hire a law enforcement officer unless the prospective employing 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)***

Signature:	Today's Date:
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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.

¹ Type the name of the Law Enforcement Agency, Basic Law Enforcement Training Academy, or RPTE Program requesting the information in this blank.

² Type the name of the Law Enforcement Agency, Basic Law Enforcement Training Academy, or RPTE Program requesting the information in this blank.