

**STURGIS DEPARTMENT  
OF PUBLIC SAFETY**

**POLICE OFFICER**



**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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

<b>A. CHARACTER</b>	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

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 Transcripts**
- **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 Department of Public Safety prior to the administration of the test so that a reasonable accommodation can be made. The Sturgis Department of Public Safety 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 Department of Public Safety 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 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 TO RELEASE INFORMATION

Re:

(Name of Applicant)

Date:

I am an applicant for a position with the Sturgis Department of Public Safety - The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Sturgis Department of Public Safety

You are hereby authorized to furnish and release to the Sturgis Department of Public Safety, or any representative thereof, any and all information which may be requested including, but not limited to the following: credit records, bank account records, employment records, criminal records, driving records, and/or any other information that may be requested in connection with my application for employment with the Sturgis Department of Public Safety.

I consent to the release of any and all of the above stated information that you may have concerning me, my work record, my background and reputation, as well as any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law or other counsel, whether representing me or any person in any case, either criminal or civil, in which I presently have, or have had, an interest, and any internal affairs investigations and disciplinary actions, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages which may result from furnishing the information requested to the Sturgis Department of Public Safety, including liability or damage pursuant to any state or federal laws. I hereby direct you to release the above referenced information to the Sturgis Department of Public Safety or its representative regardless of any agreement I may have had with you previously to the contrary.

This waiver is valid for a period of six (6) months from the date of my signature. A photocopy or fax copy of this Release Form will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

(Signature of Applicant)

Subscribed and sworn to before me, a Notary Public, in and for said County of

\_\_\_\_\_, State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_

Notary Public \_\_\_\_\_ County

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

## WAIVER & AUTHORIZATION FOR RELEASE OF INFORMATION INSTRUCTION SHEET

---

The attached WAIVER & AUTHORIZATION FOR RELEASE OF INFORMATION is required for any of the following:

1. Application for employment with a law enforcement agency
2. Application for enrollment into a law enforcement academy
3. Application to the law enforcement licensing process

### INSTRUCTIONS

---

#### **Section A:**

**To be completed by the applicant** of a hiring law enforcement agency, law enforcement academy or RPTE program.

---

#### **Section B:**

The **hiring law enforcement agency or the enrolling academy** must place **their own** agency's name in the blank space provided.

- Section B must be signed and dated by the applicant.
- 

#### **Section C:**

The **hiring law enforcement agency requesting information** must enter **their agency's name** in the blank space provided.

- Section C must be signed and dated by an applicant who is currently or has previously been licensed.
-

## WAIVER & 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:	Phone No.:	Gender <sup>‡</sup> :	Race <sup>‡</sup> :
Residence Address (Street, City, State, Zip):			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 \_\_\_\_\_<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 photostatic copy of this Authorization shall have the same force as the original.

Applicant Signature:	Today's Date:
----------------------	---------------

**\*\*\*Section C to be completed by 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:
----------------------	---------------

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.
---

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