

DURAND POLICE DEPARTMENT

Chief Robert Brancheau

215 W. Clinton Street, Durand, MI 48429

(989)721-0585

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation or any other legally protected status.

PLEASE PRINT

Last Name _____ First Name _____ Middle Name _____

Street Address _____ Telephone Number _____

City _____ State _____ Zip Code _____

Drivers License _____ State _____

Social Security Number _____

Position Applied For _____ Date _____

Are you over the age of 18 Years old? Yes _____ No _____

Are you a United States Citizen Yes _____ No _____

Date of Birth: Month _____ Day _____ Year _____

Place of Birth _____

Have you ever received a traffic Citation for a moving violation? Yes _____ No _____

If answer to the above question is yes, list dates and type of violation:

Have you ever been arrested? Yes _____ No _____

If the answer to the above question is yes, list dates and type of offense arrested for:

Are you currently employed? Yes _____ No _____

May the City of Durand contact your current employer? Yes _____ No _____

Are you currently on lay-off status Yes _____ No _____

Have you ever been in the Military? Yes _____ No _____

If yes, what branch of the service? _____

Dates you were in the service _____

Rank when discharged? _____

Type of discharge received? _____

EDUCATION:

List all elementary schools attended along with their addresses.

List all high schools attended along with dates attended and addresses.

Did you receive a diploma/GED? Yes _____ No _____

College(s) attended, dates, address and course of study.

Have you received a degree? Yes _____ No _____

Type of degree earned, date and from what university.

Police Academy attended and date completed _____

Military training that is related to the position you have applied for.

EMPLOYMENT HISTORY (Starting with current or last position of employment)

1. Employer _____
Address _____

Telephone number _____
Dates employed. From _____ To _____
Position Held _____
Name of Supervisor _____
Reason for leaving _____

2. Employer _____
Address _____

Telephone Number _____
Dates employed. From _____ To _____
Position Held _____
Name of Supervisor _____
Reason for leaving _____

3. Employer _____
Address _____

Telephone Number _____
Dates Employed. From _____ To _____
Position Held _____
Name of Supervisor _____
Reason for leaving _____

4. Employer _____
Address _____

Telephone Number _____
Dates employed. From _____ To _____
Position Held _____

Name of Supervisor _____
Reason for leaving _____

What is your required starting hourly wage? _____

How many hours a week will you be available to work? _____

What shift can you not work _____

REFERENCES (Do not include relatives)

1. Name _____
Address _____

Telephone Number _____
How long have you known this person? _____

2. Name _____
Address _____

Telephone Number _____
How long have you known this person? _____

3. Name _____
Address _____

Telephone Number _____
How long have you known this person _____

REQUIRED DOCUMENTATION TO BE ATTACHED

1. Copy of Social Security.
2. Copy of drivers license.
3. MCOLES Certification of Training
4. Birth certificate
5. Student performance record from Police Academy
6. Copy of degree earned
7. DD214 Veteran of U.S.Military

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize the investigation, by the Durand Police Department, of all statements contained in this application for employment with the Durand Police Department.

In the event that I am employed by the Durand Police Department, I understand that false or misleading information given in my application or interview(s) will result in discharge. I understand also that I am required to abide by all rules and regulations of the Durand Police Department.

Signature of Applicant _____ Date _____