

South Lyon Police Department

219 Whipple St
South Lyon, MI 48178
Ph:(248)437-1773 / Fx:(248)437-0459

Application for Employment

PLEASE FILL OUT COMPLETELY

Personal Information

Name: _____ Date: _____

Last First Middle
Soc Sec # _____ Driver's License: _____

Previous Names Used: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone: Home:() _____ Cell: () _____

E-Mail: _____

U.S. Citizen: Yes No (You MUST be a U.S. Citizen to be employed by our agency)

Positions Applying For: _____

Have you been employed by this agency before? Yes No

How did you hear about this position with our agency _____

Are you employed now? Yes No

If yes, may we contact your present employer? Yes No

Military Experience

Were you in the U.S. Armed Forces? Yes No

If yes, what branch? _____ Type of Discharge: _____

Dates of Duty: From _____ To _____ Rank at Separation: _____

Background Information

Have you ever been convicted of a crime? Yes No

(Criminal background investigation is conducted on every applicant)

If yes, what charge: _____

If yes, Date of crime: _____ Date of conviction: _____

Educational Data

Mark highest grade completed: 9 10 11 12

College: 1 2 3 4

Graduate School: 1 2 3 4

School	List Name and Address of each Institution Attended	Type of Degree/Certificate	Date Degree/Certificate Received	Major or Type of Course
High School(s)				N/A
Technical, Junior or Community College				
College or University				
Michigan Police Academy				Law Enforcement

Skills Relevant to Police Officer Position:

List any hobbies, skills or experience that you feel would aid you in performing the duties of a police officer:

List any training that you feel would aid you in performing the duties of a police officer:

Skills Relevant to Civilian Positions:

Note: Answer only those relevant to the position you're applying for

List computer software in which you are **proficient**: _____

List computer software in which you are **familiar**, but not proficient: _____

List equipment you can operate (related to the position(s) for which you are applying): _____

Employment		(list most current employer first)
Complete all blocks, even if a resume is attached		
Current Employer Name:		Telephone ()
Address		Employed - (Month & Year) From To
Name of Supervisor	Title of Supervisor	Salary Start Ending
Your Job Title		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Description of Your Work		Reason for Leaving
May we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employer Name:		Telephone ()
Address		Employed - (Month & Year) From To
Name of Supervisor	Title of Supervisor	Salary Start Ending
Your Job Title		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Description of Your Work		Reason for Leaving
May we contact this previous employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employer Name:		Telephone ()
Address		Employed - (Month & Year) From To
Name of Supervisor	Title of Supervisor	Salary Start Ending
Your Job Title		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Description of Your Work		Reason for Leaving
May we contact this previous employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employer Name:		Telephone ()
Address		Employed - (Month & Year) From To
Name of Supervisor	Title of Supervisor	Salary Start Ending
Your Job Title		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Description of Your Work		Reason for Leaving
May we contact this previous employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Personal References List 5 References, NOT related to you, and NOT previous employers, whom you have known at least five (5) years .	
1. Name: _____ Address: _____ Home Phone: _____ Cell: _____ Email: _____ Best Time to Contact: _____	Number of years known: _____
2. Name: _____ Address: _____ Home Phone: _____ Cell: _____ Email: _____ Best Time to Contact: _____	Number of years known: _____
3. Name: _____ Address: _____ Home Phone: _____ Cell: _____ Email: _____ Best Time to Contact: _____	Number of years known: _____
4. Name: _____ Address: _____ Home Phone: _____ Cell: _____ Email: _____ Best Time to Contact: _____	Number of years known: _____
5. Name: _____ Address: _____ Home Phone: _____ Cell: _____ Email: _____ Best Time to Contact: _____	Number of years known: _____

Please read the following statements carefully:

Note: This application form was designed for use by persons applying for various types of positions — police officer, clerical, professional, technical, administrative, and other. Resumes may be attached; however a resume may not be substituted for this application form and this application form must be completed in its entirety, or it may be rejected. Please answer all questions to the best of your ability. Official transcripts and copies of licensure or certification will be required if hired. Applicants must be able to document U.S. Citizenship or eligibility for employment if hired.

I certify that all of the statements in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I authorize the City or its designee to investigate all statements and information provided on this application or attached thereto. I understand that false information or the omission of relevant information may be grounds for rejection of my application and/or dismissal if employed. I release from all liability and agree to hold harmless, all former employers, references, and persons providing information about my experience, education and abilities.

 Signature

Thank you for your interest in this agency. It is the goal of this agency to strive for excellence and to find the best qualified people available. Although everyone who applies cannot be hired, your application will be given every consideration. Applications are kept on active file for one year unless updated by the applicant.

Equal Opportunity Employer