South	South Lyon, PH. (248) 437-1773 Lloyd	Whipple Michigan 48178		ent			Applicat Employ Please Print A THEN FILL OUT	Y M Appli	ent CATION
	nformation	l							
Name:		Firs	t		Mic	Idla]	Date:	
Last, Soc Sec#		FIIS		Driver's	License:				
	any previous NA	AMES you have					State:		Zip:
Street.			City	•			State.		Zip.
Telephone:	Home: ()	(Cell: ()				
Fax Number:	()			E-N	Mail:				
U.S. Citizen: Y	Yes No	(You MUST	be a U.S.	Citizen	to be emp	oloyed b	by our agency)		

Γ

	Positions Applied For:						
]	Have you been employed by this agency before?	Yes 🗆 No 🗆 If yes, list details:					
]	How did you hear about this position with our agency?						
	Are you employed now? Yes \Box No \Box	If yes, may we contact your present employer? Yes \Box No \Box					

Military Experience	Were you in the U.S. Armed Forces? Yes \Box No \Box
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, on 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		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 position 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 whi	ch you are applying):

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

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

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.