

**POLICE OFFICER
EMPLOYMENT APPLICATION**



APPLICATION INSTRUCTIONS - Please Use Black Ink.

If you need assistance filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

- 1.) Please read "APPLICANT NOTE."
- 2.) If more space is needed to complete any Questions, use the back of the sheet.
- 3.) Print clearly; incomplete or illegible applications will not be processed.
- 4.) Some packets may have an attached AFFIRMATIVE ACTION QUESTIONNAIRE.
This information is being gathered for Affirmative Action Under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment with the City of Romulus Police Department. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job related skills and for the presence of drugs in your body may be required prior to employment. In accordance with the provisions of the Americans With Disabilities Act, the City of Romulus may require job applicants to undergo a medical and/or psychological examination after an offer of employment has been made, and prior to the commencement of employment duties, and may condition the offer of employment on the results of such examination(s).

TODAY'S DATE: _____

NAME: _____
Last First M.I.

SOCIAL SECURITY NUMBER: _____

PHONE: _____ WORK PHONE: _____

CURRENT ADDRESS: _____
Street City State Zip

PRIOR ADDRESS: _____
Street City State Zip
(IN THE PAST FIVE (5) YEARS)

PLEASE INDICATE THE FOLLOWING:

- _____ CERTIFIED (MCOLES Licensed Police Officer – worked as a Police Officer)
- _____ CERTIFIABLE (Completed Academy & MCOLES – never worked as a Police Officer)
- _____ NON-CERTIFIED (No Academy – No MCOLES)
- _____ RESERVES

EDUCATION

Please circle the highest grade completed. 7 8 9 10 11 12 13 14 15 16+

LIST ALL SCHOOLS YOU HAVE ATTENDED FROM HIGH SCHOOL UNTIL NOW, INCLUSIVE:

NAME	CITY/STATE	DATES	GRADUATE?
HIGH SCHOOL			
COLLEGE			
OTHER			

POLICE TRAINING

Academy: _____ Length (Weeks) _____

Date of Graduation: _____ Class Rank (Academic) _____ of _____

Special Recognition: _____

APPLICANT'S MILITARY SERVICE

Branch: _____ Length of Service: _____

Type of Discharge: _____

Military Duties: _____

ANY SPECIAL TRAINING AND/OR EXPERIENCE

Any special training, skills, or experience applicable to law enforcement: _____

DRIVING RECORD

____ YES ____ NO If the job requires, do you have the appropriate valid drivers license?

Driver License Number: _____ State of Issuance: _____

Have you ever had your driver's license suspended or revoked? ____ YES ____ NO

If yes, why? _____

Moving Violations (Past five (5) years): _____

Points (Present): _____ Accidents: _____

Non-Moving violations: _____

APPLICANT'S CIVIL COURT SUIT RECORD

YES NO Have you ever been involved in a Civil Court suit?

If yes, please explain: _____

SECURITY

List states and countries of residence for the past seven years. _____

YES NO Have you used any names or Social Security Numbers other than those listed on this application.

YES NO Have you been convicted of a felony and/or served time in the past seven years? If so, please describe below. (In accordance with city policy this information will be reviewed for job relatedness and time since last conviction.)

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

JOB-RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

List languages in which you are fluent _____

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to the City of Romulus.

PREVIOUS POLICE EXPERIENCE

City/Department: _____ Phone: _____

YES NO Are you currently working for this employer?

YES NO If yes, may we contact?

DATES OF PREVIOUS POLICE EMPLOYMENT:

FROM	TO

Duties: _____

Awards: _____

Disciplinary History: _____

Comments: _____

PERSONAL REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		

REFERRAL SOURCE

Advertisement Walk-In
 Friend Employment Agency
 Relative Other _____

I have never been convicted of a misdemeanor crime of domestic violence, I am eligible to carry a weapon pursuant to the Brady Act, and if employed by the City, will advise the Director of Public Safety immediately if and when I am ever convicted of an offense which would preclude me from owning or carrying a weapon.

Applicant's Name (Please Print)

Applicant's Signature

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the city and/or its agents, including consumer reporting bureaus, to verify any of this information including but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If city policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature

Date

City of Romulus Release of Information

To Whom It May Concern:

I hereby authorize any representative of the City of Romulus bearing this release to obtain information from your files or other sources pertaining to my personal background including, but not limited to, academic, athletic, achievement, attendance, or personal history, disciplinary action, medical, credit or any other records you may have regarding me. I hereby direct you to release such information upon the request of the bearer. This release is executed with the full knowledge and understanding that this information is for the official use of the City of Romulus. I hereby release you, the institution or establishment which you represent including its officers, employees, and related personnel both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below:

Full Name: _____

Current Address: _____

Social Security Number: _____

Telephone Number: _____

Signature

Date