

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 N	UMBER:			
PHONE:		WORK PHONE	:	
CURRENT ADDRESS:				
	Street			
	City		State	Zip
EMAIL ADDRESS:	 			
PLEASE INDICATE TH	HE FOLLOWING	j:		
CERTI	FIED (MCOLES	Licensed Police Officer	– worked as a Pol	ice Officer)
CERTI	FIABLE (Comple	eted Academy & MCOL	ES – never worke	ed as a Police Officer)
NON-C	ERTIFIED (No A	Academy – No MCOLES	5)	
RESER	VES	-		

EDUCATION

Please circle the highest grade com	pleted. '	7 8	9	10	11	12	13	14	15	16+
LIST ALL SCHOOLS YOU HAVE	E ATTEN	DED I	FROM	HIGH	SCHO	OOL	UNTIL	NOW	, INCI	LUSIVE:
NAME	CITY/STATE			DATES		GRADUATE?				
HIGH SCHOOL										
COLLEGE										
COLLEGE										
OTHER										
POLICE TRAINING										
				-	41 (1		,			
Academy:										
Date of Graduation: Special Recognition:						·)	01	
•										
APPLICANT'S MILITARY S										
Branch:			L	ength (of Serv	vice: _				
Type of Discharge:										
Military Duties:										
ANN CDECIAL TO AINING AND										
Any special training skills or eyes				w onfo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Any special training, skills, or expe	erience ap	рисаві	ie to ia	w emo	rcemei	iit:				
DRIVING RECORD										
YESNO If the j	job requii	res, do	you ha	ve the	approj	priate	valid o	lrivers	licens	e?
Driver License Number:				Stat	te of Is	suano	ce:			
Have you ever had your driver's lie	cense sus	pended	or rev	oked?		Y	ES _	NO)	
If yes, why?										
Moving Violations (Past five (5) year	ars):									
Points (Present):				\ccider	nts:					
Non-Moving violations:										

APPLICANT'S CIVI	L COU	JRT SUIT RECORD		
YES	_NO	Have you ever been involv	ved in a Civil Court suit?	
If yes, please explain:				
SECURITY				
List states and countries	of reside	ence for the past seven years	•	
YESNO		Have you used any names or Social Security Numbers other than those listed on this application.		
YESNO	year: info	s? If so, please describe belov	ony and/or served time in the past seven w. (In accordance with city policy this for job relatedness and time since last	
INCIDENT		CITY/STATE	CHARGE	
1				
1.				
2.				
List languages in which y	ou are f ls, licen		be non-job related. be job-related or that you feel would be of	
PREVIOUS POLICE	EXPE	CRIENCE		
City/Department:			Phone:	
YES	_NO	Are you currently working	g for this employer?	
YES	_ NO	If yes, may we contact?		
DATES OF PREVIO	US PO	LICE EMPLOYMENT:		
FROM		ТО		
Duties:				
Disciplinary History:				
Comments:				

EMPLOYMENT HISTORY

Please give an accurate, complete, full-time and part-time employment record. Start with current, or most recent employer (list additional employers on a separate sheet). This section must be completed fully, even if a resume is attached. Please print all information.

Company Name	Supervisor	Telephone		
		()		
Address City/State Zip	Employed (List Month	& Year)		
	From	То		
	Salary Starting:	Ending:		
Job Title:				
List your responsibilities:	Reason for Leaving:			
Company Name	Supervisor	Telephone		
		()		
Address City/State Zip	Employed (List Month	& Year)		
	From	To		
	Salary Starting:	Ending:		
Job Title:				
List your responsibilities:	Reason for Leaving:			
Company Name	Supervisor	Telephone		
		()		
Address City/State Zip	Employed (List Month	& Year)		
	From	То		
	Salary Starting:	Ending:		
Job Title:				
List your responsibilities:	Reason for Leaving:			

PERSONAL REFERENCES

Signature

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				
Director of Public Safety impound preclude me from own	•	m ever convicted of an offense which 1.			
Applicant's Name (Please Print)	Applic	Applicant's Signature			
CERTIFICATION AND RE	LEASE				
answers given by me to the foreg the best of my knowledge an misrepresentations of facts calle discharge at any time during my reporting bureaus, to verify any motor vehicle driving records. authorities from any liability for	oing questions and the statem d belief. I understand th d for in this application may employment. I authorize the of this information including I authorize all persons, s any damage whatsoever for in prohibited during employment	te on page one of this form and that the tents made by me are complete and true to that any false information, omissions or by result in rejection of my application or city and/or its agents, including consumer g but not limited to, criminal history and chools, companies and law enforcement ssuing this information. I also understand to the tent of the			

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	