



**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**