

CITY OF EAST LANSING POLICE OFFICER JOB APPLICATION

410 Abbot Road, East Lansing, MI 48823 www.cityofeastlansing.com

Last Name	First Name	Middle Name	Pronouns	Position Applying For	Today's Date
Address (Number)	(Street)	(City)	(State)	(Zip Code)	Best Number to Contact
Additional Number					
Email Address					
Social Security Number	Driver's License Number and State		Date Available for Work	How were you referred to the City?	
If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of citizenship or immigration status will be required upon employment).					
Have you ever worked for the City before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what position and when?					
Do you have any relatives currently employed with the City? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list the names of any relatives employed by the City:					
<p>MLEOTC CERTIFICATION</p> <p>Are you currently certified or certifiable through a Michigan Police Academy? (Please check one)</p> <p><input type="checkbox"/> Yes, I am currently certified.</p> <p><input type="checkbox"/> Yes, I am currently certifiable (or expect to be), with a graduation date of _____ from the _____.</p> <p style="text-align: right;">(Name of Police Academy)</p> <p><input type="checkbox"/> No, I am not certified or certifiable. Please explain.</p>					

EDUCATION AND TRAINING

School	Name and Address of School	Dates Attended		Type of Diploma/ Degree Received	Major Field or Course of Study
High School		From:	To:		
College		From:	To:	GPA _____	
College		From:	To:	GPA _____	
Graduate School		From:	To:	GPA _____	
Other		From:	To:		
Other		From:	To:		
Police Academy		From:	To:		

PERSONAL REFERENCES: Give five (5) personal references (not relatives, former employers, fellow employees, or school teachers), who are property owners, business or professional men and/or women of good standing in the community and who have known you for more than five (5) years.

Name	Residence	Home Phone	Number of Yrs Acquainted	Business Address	Business Phone

EMPLOYMENT EXPERIENCE. Please list most recent position first and work backward ten (10) years. Include all part-time and temporary employment. All employers will be contacted during the background investigation phase unless indicated. Add as many separate sheets as necessary.

Employer	Dates Employed From To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title			

Reason For Leaving

Employer	Dates Employed From To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title			

Reason For Leaving

Employer	Dates Employed From To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title			

Reason For Leaving

EMPLOYMENT (Cont'd.)

1. May we contact the employers you have listed? Yes_____ No_____ If No, please indicate which one(s) you do not wish us to contact.

2. Have you ever been dismissed or asked to resign from any employment? Yes_____ No_____ If Yes, state the reason(s) and the employer(s) involved.

3. Have you ever been refused employment? Yes_____ No_____ If Yes, state by whom and for what reason.

4. Please list the police agencies with which you are beyond the initial application stage.

5. Have you ever been eliminated as a candidate by an organization during the final selection stage? Yes_____ No_____ If Yes, please explain the reason(s) why you were eliminated.

DRIVER RECORD

Driver (Operator) License Number:

State:

Expiration Date:

Have you ever had a Driver License issued by another name? _____ If Yes, list other name(s):

Have you ever had a Driver License issued by another state? _____ If Yes, what state(s):

Has your Driver License ever been suspended, revoked or placed on court probation by another state? _____. If Yes, list and describe circumstances.

Restrictions:

Have your driving privileges ever been denied, suspended or revoked? _____. If Yes, give dates and complete reasons

Have you ever received a traffic summons (traffic ticket) (exclude parking violations)?

As well as you can recall, list all traffic violations (excluding parking violations) you have received. In each case, provide the date, nature of violation, name and location of the court, penalty imposed or other disposition.

List and describe circumstances of each motor vehicle accident in which you have been involved. State if you received a traffic summons and if any injuries resulted.

ARREST RECORD

Have you ever been arrested? _____ Felony? _____ Misdemeanor? _____ Give circumstances, date, location and crime

Have you ever had contact with any police agency as a juvenile offender? _____ If yes, give circumstances, date, location and crime.

ADDITIONAL INFORMATION

Specialized Skills: ___ Radar ___ PBT ___ Breathalyzer ___ LEIN

Do You Know Any Languages in Addition to English?

Speak: _____ Read: _____

Write: _____ Fluent: _____

Community Service / Volunteer Work: Please list any organizations which you belong /have belonged to that you consider relevant to your ability to perform this job.

Internships: Please list any internships you have completed and what you learned from them.

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience.

Additional Information: State any additional information you feel may be helpful to us in considering your application.

Military Experience: Branch of Service _____ Rank _____

Dates: From _____ To _____ Type of Discharge _____

List any military training, duties and/or honors which may relate to the position for which you are applying:

AUTOBIOGRAPHY: In your **own handwriting**, write a brief history (300-500 words) of your family background including hobbies, interests and achievements. Additionally, please explain why you wish to become a Police Officer.

APPLICANT'S STATEMENT

I certify that the information on this application is true and correct and acknowledge that falsification of this application is grounds for disqualification for employment or in the event of employment, dismissal from the job. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

By signing this form, I hereby acknowledge I have read and understood the above statements. I also acknowledge and understand that only an authorized representative from the City's Personnel Department can extend a valid offer of employment.

Signature of Applicant

Date

**CITY OF EAST LANSING
410 Abbott Road
East Lansing, MI 48823**

WAIVER OF CONFIDENTIAL RECORDS

Permission is hereby given any agency of the government of the United States, any municipal corporation or political subdivision of this state or any other state or agency or department thereof, and any other agency, person, firm or corporation holding records considered confidential concerning me, to furnish the City of East Lansing all information desired involving me in any way, upon request. Included in this grant of authority is my permission to former employers and other persons acquainted with me or in possession of information concerning me to supply such information to the City of East Lansing.

Such records, I understand, may include reasons for termination of employment, reasons for discharge from military service, criminal history, driving record investigation, on the job performance, educational records, credit history or any other information which may not otherwise be obtained without any prior agreement.

I further understand that the information which may be obtained about me will be obtained upon assurance of confidentiality by the City of East Lansing to the person or persons supplying the information. I understand that this information will become privileged to the City of East Lansing and will become part of the confidential records of the City of East Lansing to which I will not have access.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature. (This authorization shall continue in effect until revoked by me in writing).

Signature _____ SS# _____

Print Name _____ D.L. # _____

Date _____

If Veteran, give grade held, service number and branch of service. Other applicants with Federal agencies, give position and name of agency:

Are your employment and/or educational records listed under any other name? Yes _____ No _____

If Yes, please list names and explanation: _____

THIS DOCUMENT MUST BE SIGNED IN THE PRESENCE OF A WITNESS

Signature of Witness

Date

**CITY OF EAST LANSING
EMPLOYMENT DATA RECORD**

Employees are treated without regard to race, color, religion, sex, height, weight, national origin, age, marital, student or veteran status, medical condition or handicap, sexual orientation, or any other legally protected status.

The purpose for this Data Record is to make certain we attract qualified applicants that have the same characteristics as the labor market. This data is used for statistical purposes and enables us to comply with government record keeping and to provide reports to the East Lansing Human Relations Commission and the East Lansing City Council.

The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that this is not a part of your application for employment, but instead, is removed and maintained in a separate and confidential file.

Please Note: Your cooperation is voluntary. Inclusion or exclusion of any data will not affect any employment decision.

VOLUNTARY SURVEY

Name:	Date:
Position Applying For:	
Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:

Ethnic Origin (please check one)

- Caucasian (White)**
- African American (Black)**
- Hispanic**
- American Indian/Alaskan Native**
- Asian/Pacific Islander**
- Other**