

The Village of Schoolcraft
 442 N. Grand St. P.O. Box 8
 Schoolcraft, MI 49087
 Office: 269-679-4304 Fax: 269-679-4761
 Police: 269-679-5600

Schoolcraft Police Department Employment Application

Date of Application _____

MCOLES Certified Police Officer Yes No _____
 Academy Attended

If currently attending academy _____
 Academy Graduation Date

Certified Police Office in another State Yes No

If yes, date and state certified _____

CURRENT PERSONAL DATA

Name _____
 Last First Middle

Social Security # _____ Gender _____ Date of Birth _____

Address _____
 Street (Apt. No.) City State Zip Code

Telephone (_____) _____

Current Employer or Current School _____

Address of Employer or School:

 Street City State Zip

Telephone (_____) _____

Dates of Current Employment _____ - _____

Are you fluent in any language other than English? No Yes, Language _____

Are you a U.S. citizen? Yes No Date of citizenship _____

Do you personally know any employees of the Village of Schoolcraft? Yes No
If so, who?

Do you have any relatives employed by the Village of Schoolcraft? Yes No
If so, who?

Educational Background

1. High School Name _____

Address _____
 Number Street City State Zip Code

Dates Attended _____ To _____ G.P.A. _____
 Month/Year Month/Year

Diploma? Yes No School Phone # ____ (____) _____

2. College/University Name _____

Address _____
 Number Street City State Zip Code

Dates Attended _____ To _____ G.P.A. _____
 Month/Year Month/Year

Diploma? Yes No Type of Degree _____

Number of Credits _____ Major Field of Study _____

College Phone # ____ (____) _____

Activities

1. To what organizations do you belong (exclude those which indicate race, religion, or national group)? Include, for example, unions, social, drug treatment or class work, correctional program assistant, coaching, counseling.

2. List any honors, awards, or other forms of recognition which you have received for scholarship, athletics or other achievements.

3. List any offices of leadership (elected or appointed) which you have held. Provide titles and dates.

4. Are you now or have you ever been a member of or associated with any organizations which advocate the overthrow of local, state or federal government? Yes No

If yes, what organization. _____

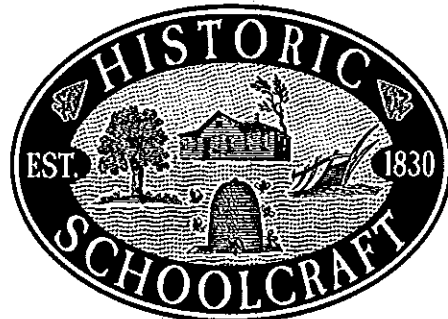
5. Are you now or have you ever been a member of or associated with any gang activity, motorcycle club, or organized crime group? Yes No If yes, explain.

6. Do you understand the general job requirements and duties for this position? Yes No

If no, describe job areas where you need further clarification.

7. Do you object to working nights, weekends or holidays? Yes No

8. Is there anything that you believe would disqualify you from employment or hinder you in the discharge of official department duties? Yes No If yes, explain.



Current Residence

1. Current residence from _____ To _____ Rent Own
Month/Year Month/Year

If renting, name lease is under

Street Address

City _____ County _____ State _____

Landlord's name and/or name of apt. complex

City _____ State _____ Zip _____

Phone # ____ (____) _____

2. Residence from _____ To _____ Rent Own
Month/Year Month/Year

If renting, name lease is under

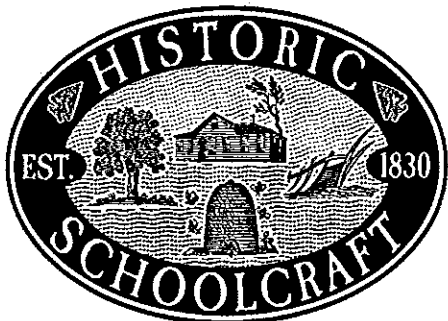
Street Address

City _____ County _____ State _____

Landlord's name and/or name of apt. complex

City _____ State _____ Zip _____

Phone # ____ (____) _____



Current Residence Continued

3. Residence from _____ To _____ Rent Own
Month/Year Month/Year

If renting, name lease is under

Street Address

City _____ County _____ State _____

Landlord's name and/or name of apt. complex

City _____ State _____ Zip _____

Phone # ____ (____) _____

4. Residence from _____ To _____ Rent Own
Month/Year Month/Year

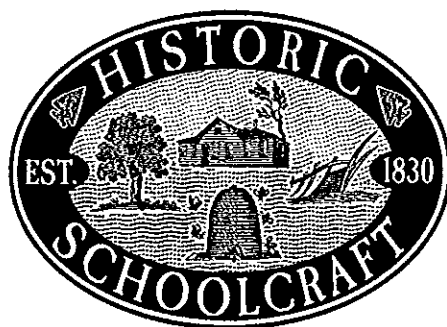
If renting, name lease is under

Street Address

City _____ County _____ State _____

Landlord's name and/or name of apt. complex

City _____ State _____ Zip _____



Employment History

Chronological history of all employment starting with present employer. Account for all periods including casual employment. Include all periods of unemployment and state what you did during these periods. Note: Employers, supervisors and co-workers may be interviewed by an investigator. Employment discharge or disciplinary action does not mean you cannot be appointed.

1. Employer's Name

Employer's
Address

Number Street

City

State

Zip Code

Dates of employment, or unemployment from _____ to _____
Month/Year Month/Year

Position/Title

May we Contact? Yes No Full Time Part Time

Phone # ____ (____) _____

Name of Immediate Supervisor _____

E-mail _____ Salary \$ _____

Description of duties, responsibilities, courses and accomplishments

Reason for leaving

Disciplinary action received (include any current or past investigations or counseling sessions)

Employment History Continued

2. Employer's Name

Employer's
Address

Number Street

City

State

Zip Code

Dates of employment, or unemployment from _____ to _____
Month/Year Month/Year

Position/Title

May we Contact? Yes No Full Time Part Time

Phone # ____ (____) _____

Name of Immediate Supervisor _____

E-mail _____ Salary \$ _____

Description of duties, responsibilities, courses and accomplishments

Reason for leaving

Disciplinary action received (include any current or past investigations or counseling sessions)

Employment History Continued

3. Employer's Name

Employer's
Address

Number Street

City

State

Zip Code

Dates of employment, or unemployment from _____ to _____
Month/Year Month/Year

Position/Title

May we Contact? Yes No Full Time Part Time

Phone # ____ (____) _____

Name of Immediate Supervisor _____

E-mail _____ Salary \$ _____

Description of duties, responsibilities, courses and accomplishments

Reason for leaving

Disciplinary action received (include any current or past investigations or counseling sessions)

Employment History Continued

4. Employer's Name

Employer's
Address

Number Street

City

State

Zip Code

Dates of employment, or unemployment from _____ to _____
Month/Year Month/Year

Position/Title

May we Contact? Yes No Full Time Part Time

Phone # ____ (____) _____

Name of Immediate Supervisor _____

E-mail _____ Salary \$ _____

Description of duties, responsibilities, courses and accomplishments

Reason for leaving

Disciplinary action received (include any current or past investigations or counseling sessions)

Employment History Continued

5. Employer's Name

Employer's
Address

Number Street

City

State

Zip Code

Dates of employment, or unemployment from _____ to _____
Month/Year Month/Year

Position/Title

May we Contact? Yes No Full Time Part Time

Phone # ____ (____) _____

Name of Immediate Supervisor _____

E-mail _____ Salary \$ _____

Description of duties, responsibilities, courses and accomplishments

Reason for leaving

Disciplinary action received (include any current or past investigations or counseling sessions)

Employment History Continued

1. Indicate the number of times you were late to work in last 12 months _____.

Explain in detail

2. Have you ever stolen from your employer? Yes No If yes, explain.

3. Are you currently being, or have you ever been, investigated in any workplace for an alleged wrongdoing? Yes No If yes, explain.

4. Have you ever been discharged or asked to resign from any position because of misconduct or unsatisfactory service? Yes No

If yes, give name and address of company. Provide details of circumstances.

5. What work did you like best? Why?

6. What work did you like least? Why?

Employment History Continued

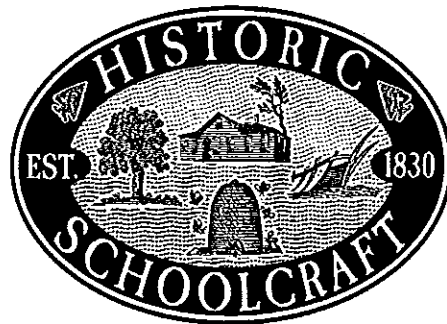
7. Have your employers treated you fairly? Yes No If no, explain.

8. Have you ever received a below-average performance rating or evaluation in conjunction with any employment? Yes No

If yes, specify when, where, and reason.

9. Do you have any special training, experience, skills or abilities that you think would be of value to the Schoolcraft Police Department? If so, describe.

10. Are you currently on any employment eligibility list? Yes No If yes, provide organization and address.



Military Service

1. Have you ever served or trained in the U.S. Armed Forces? Yes No

Branch of Service _____ Rank _____

Pay Grade _____

2. Dates of Active Military Service From _____ To _____

3. Are you presently a member of the U.S. Military Reserve or National Guard Organization? Yes No

If yes, complete the following: Entry Date From _____ To _____
Month/Year Month/Year

Length of Service _____ Rank _____

Pay Grade _____

Branch of Service and Component

Organization and Station of Unit Active or Inactive

Address _____
Number Street City State Zip Code

4. Have you ever been a subject in a military court martial Article 15 or other proceeding leading to nonjudicial punishment or received any other disciplinary action? Yes No
If yes, explain in detail.

5. Have you ever held a military security clearance? Yes No If yes, level of clearance. _____

Type of Discharge

Honorable General Under Honorable Dishonorable Other

Driving History

1. Do you hold a current, valid driver's license? Yes No

Issuing State _____

Driver's License# _____ Chauffeur's License? Yes No

List any other driver's licenses that you have possessed in the past.

State _____ Number _____

State _____ Number _____

State _____ Number _____

2. Have you ever had a driver's license and/or commercial license or certificate, revoked or suspended by the issuing authority? Yes No

If yes, date(s) of suspension _____

Please explain in detail.

3. Have you ever received a traffic citation (other than a parking citation)? Yes No
I have received the following:

Date _____

Type of Violation & Location _____

Name of Court & Police Agency Penalty _____

Circumstances _____

Date _____

Type of Violation & Location _____

Name of Court & Police Agency Penalty _____

Circumstances _____

Driving History Continued

Date _____

Type of Violation & Location _____

Name of Court & Police Agency Penalty _____

Circumstances _____

Date _____

Type of Violation & Location _____

Name of Court & Police Agency Penalty _____

Circumstances _____

Date _____

Type of Violation & Location _____

Name of Court & Police Agency Penalty _____

Circumstances _____

4. Have you ever been the driver in a motor vehicle accident? Yes No

Include **All** accidents, **Even Those Not Reported** to the police or an insurance company. Be sure to include any work-related or duty accidents. For purposes of this questionnaire, an accident shall mean any incident involving a motor vehicle where there was either personnel injury, property damage, or loss of vehicle control.

Date _____ Location _____ Injury Non Injury

Police Called? Yes No Police Agency _____

Were you issued a citation? Yes No

Details of Accident

Driving History Continued

Date _____ Location _____ Injury Non Injury

Police Called? Yes No Police Agency _____

Were you issued a citation? Yes No

Details of Accident

Date _____ Location _____ Injury Non Injury

Police Called? Yes No Police Agency _____

Were you issued a citation? Yes No

Details of Accident

Date _____ Location _____ Injury Non Injury

Police Called? Yes No Police Agency _____

Were you issued a citation? Yes No

Details of Accident

Personal References

Furnish six personal references. **Do Not List Relatives or Previous Employers.** At least three of the references must have known you for at least two years. Give complete address and zip code.

1. _____
Name & Occupation How Long

Home Address City State Zip

Home Phone Number ____ (____) _____

2. _____
Name & Occupation How Long

Home Address City State Zip

Home Phone Number ____ (____) _____

3. _____
Name & Occupation How Long

Home Address City State Zip

Home Phone Number ____ (____) _____

4. _____
Name & Occupation How Long

Home Address City State Zip

Home Phone Number ____ (____) _____

5. _____
Name & Occupation How Long

Home Address City State Zip

Home Phone Number ____ (____) _____

Personal References Continued

6. _____
Name & Occupation How Long

Home Address City State Zip

Home Phone Number () _____

Personal Character Background

A. Has any legal judgment, i.e. divorce, child support, alimony, ever been issued against you? Yes No If yes, explain in detail.

B. Have you ever been refused a surety bond (i.e., contractor, security guard or entrepreneurship) or refused for employment that requires bonding? Yes No
If yes, explain in detail.

C. Have you ever been found guilty, pled guilty, or pled no contest to any crime, include expunged, dismissed, set aside, deferred, and (arrestable traffic offenses.....i.e., driving while intoxicated, reckless driving, driving with a suspended driver's license, etc.)
Yes No If yes, explain in detail.

D. Have you ever been arrested (For any reason)? Yes No If yes, explain in detail.

Personal Character Background Continued

E. Have you ever been involuntarily terminated (fired) from employment or asked to resign? Yes No If yes, explain in detail.

F. Have any immediate family members (mother, father, brothers, sister, spouse, domestic partner, children) been convicted of any violation (other than civil traffic violation) in last 5 years? Yes No If yes, list name, charge, date and disposition.

G. Have you ever been questioned or investigated by any law enforcement agency? Yes No If yes, explain in detail.

H. Have you ever slapped, punched, or injured a spouse, partner, or anyone who has resided with you? Yes No

Furthermore have the police ever been called to investigate a domestic dispute that you were involved in? Yes No If yes, provide an attachment with full details on each incident.

I. Have you ever been the subject of a background investigation conducted by a law enforcement agency that was considering you for employment, or by an employer for security purposes (include military clearances)? Yes No
If yes, list the Agency's name, date of investigation, and background investigator's name.

Personal Character Background Continued

J. Have you ever been known by any other last name? Yes No If yes, list all names used in the past, location and circumstances (i.e., divorce, marriage, adoption, legal name changes, etc.)

Name Dates From-To City/State Circumstances

Name Dates From-To City/State Circumstances

Name Dates From-To City/State Circumstances

Name Dates From-To City/State Circumstances

K. How many times in the last year have you been intoxicated to the point that you felt you should not drive motor vehicle? _____

L. How many times in the last year have you missed work/school due to intoxication?

List all illegal drugs you have used.

1. Name / Type of Drug Used _____

From: (Month/Yr.) / To: (Month/Yr.)

Total number of times used _____

2. Name / Type of Drug Used _____

From: (Month/Yr.) / To: (Month/Yr.)

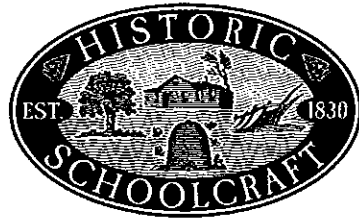
Total number of times used _____

3. Name / Type of Drug Used _____

From: (Month/Yr.) / To: (Month/Yr.)

Total number of times used _____

**List any additional information the Village of Schoolcraft
Police should know in determining your eligibility for
employment.**



Michigan Commission on Law Enforcement Standards
7426 N. Canal Road, Lansing, MI 48913
(517) 322-6525

**APPLICANT INFORMATION SHEET AND
AUTHORIZATION FOR RELEASE OF INFORMATION**

Type or print only:

Name: Last:	First:	Middle:	Suffix (Jr, Sr, III):
Social Security No.*:	Date of Birth:	Gender [†] :	Race [‡] :
Residence Address (Street, City, State, Zip):		Phone No.:	Highest Degree:
Drivers License No.:	Issuing State:	E-Mail:	

Authorization for release of information:

I hereby authorize any individual, agency or organization to furnish the Michigan Commission on Law Enforcement Standards, its representatives and/or agents (including, but not limited to, its academies or contractors) any and all information pertaining to my background and ability to comply with the standards for selection, employment, training and licensing as a law enforcement officer. Such information includes, but is not necessarily limited to: employment, criminal, academic, military, and personal histories; academic, attendance, and driving records; and medical records (includes medical/emotional, including diagnosis and prognosis, if any).

I hereby authorize any individual, agency or organization to release such information upon request. This authorization is executed with the full knowledge and understanding that the information is for official use by the Michigan Commission on Law Enforcement Standards.

Further, I hereby authorize the Michigan Commission on Law Enforcement Standards to release any and all records collected pursuant to this authorization to any individual, agency or organization for the legitimate purposes of fulfilling the Commission's statutory and administrative objectives.

I hereby release any individual, agency or organization, including its officers, employees and related personnel, both individually and collectively, from any and all damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it.

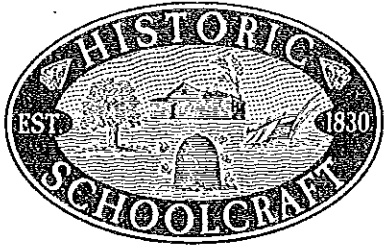
This Authorization shall continue in effect until revoked by me in writing. A photostatic copy of this Authorization shall have the same force as the original.

Signature:	Today's Date:
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AUTHORITY:	203 PA 1965
COMPLIANCE:	Voluntary
PENALTY:	No License Activation/ Academy Enrollment

* This information is confidential. Confidential information is protected by the Federal Privacy Act.

‡ This information is for the purposes of EEO reporting only.



The Village of Schoolcraft

442 N. Grand Street P.O. Box 8

Schoolcraft, MI 49087

Office: 269-679-4304 Fax: 269-679-4761

Police: 269-679-5600

Schoolcraft Police Waiver and Authorization to release information

I _____, do hereby authorize a review/release and full disclosure of all records concerning myself to any duly authorized agent of the Schoolcraft Police Department, whether said records are public, private or confidential in nature.

The intent of this authorization is to give consent for full and complete disclosure of all records of educational institutions, financial or credit institutions, medical and psychiatric practitioners and the Veterans Administration, employment and pre-employment records including but not limited to, background reports, efficiency ratings, complaints or grievances filed by or against me.

The release is executed with the full knowledge and understanding that such information is for the official use of the Schoolcraft Police Department. Consent is granted for the Schoolcraft Police Department to furnish such information as described above, to third parties in the course of the police department fulfilling its office responsibilities with regard to my application for police employment.

I understand any information obtained through a personal history background investigation which is developed directly or indirectly, in whole or part, upon the release will be considered in determining my suitability for employment with the Schoolcraft Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving out this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of collecting such information.

I do hereby release any person(s) who may furnish information concerning me from any obligation to notify me that such records have been provided to the Schoolcraft Police Department.

A photocopy of this form will be valid as an original, even if the photocopy does not contain an original signature.

I have read and fully understand the contents of this waiver and authorization to release information.

Applicant's Signature

Date

Oak Tree: Author James Fenimore Cooper wrote *Oak Openings*, a book about Schoolcraft after visiting in the first half of the 19th Century.

House: The Dr. Nathan Thomas house was a station on the Underground Railroad. He was the first physician in West Michigan.

Arrowheads: Offer tribute to the Native Americans who settled here prior to the arrival of the European-descended newcomers.

Plow: The sale of prairie lands attracted new settlers to Schoolcraft, the site of the first settlement in Kalamazoo County.

Beehive: The first settler, Bazel Harrison was a character in *Oak Openings* known as "The Bee Keeper".