



Schoolcraft Police Department
442 N. Grand Street, P.O. Box 8
Schoolcraft, MI 49087
269-679-5600

APPLICATION FOR EMPLOYMENT

Position applied for: _____

Date available to start work: _____

PERSONAL (Please Print)

Name: _____ Date of Application: _____
(Last) (First) (Middle)

Current Residence: _____
Street Address City, State, Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____ Driver License No: _____

Social Security Number _____ Date of Birth _____

Are you a U.S. Citizen? Yes _____ No _____

MCOLES Certified Police Officer? Yes _____ No _____ Academy Attended _____

If currently attending academy, date of graduation _____

Are you a Certified Police Officer in another State? Yes _____ No _____ If yes, what state _____

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

CURRENT RESIDENCE

_____ to _____ Rent _____ Own _____ Lessee Name _____
Month/Year Month/Year

Landlord's/Apt. Complex Name _____ Phone _____

PRIOR RESIDENCES

	Address	Month/Year		Rent or Own	Lessee Name	Landlord/Apt. Complex Name	Landlord Phone
		From	To				
1							
2							
3							
4							

EDUCATION

	Name/Location	Dates Attended		Did you Graduate?	Credit Hours Completed	Degree Received	Major Course of Study
		From	To				
High School							
College							
Graduate School							

Any other educational, vocational or trade school training? _____

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes _____ No _____

If yes, Branch _____ Rank at Discharge _____ Date of Discharge _____

Special/technical training _____

Are you in the reserves? Yes _____ No _____ Date obligation ends _____

DRIVING HISTORY

Have you ever received a traffic citation (other than a parking citation)? Yes _____ No _____

If yes, complete the following:

	Date	Type of Violation	Name of Court & Police Agency Penalty	Circumstances
1				
2				
3				
4				
5				

Have you had your driver's license suspended or accumulated more than four points? Yes _____ No _____

If yes, where, when and nature of offense(s): _____

REFERENCES

Name	Address	Phone Number
1.		
2.		
3.		

EMPLOYMENT—List current or most recent job first,. List complete work history, use additional sheets if necessary. Account for periods of unemployment.

1	Employer	Dates From To		Discipline Received
	Address			
		Hourly Rate/Salary Starting Final		
	Job Title /duties			
	Supervisor Name			
	Supervisor Phone			
	Reason for leaving			
2	Employer	Dates From To		Discipline Received
	Address			
		Hourly Rate/Salary Starting Final		
	Job Title /duties			
	Supervisor Name			
	Supervisor Phone			
	Reason for leaving			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> CONTINUED ON PAGE 4 </div>				

EMPLOYMENT (Continued)

3	Employer	Dates From To		Discipline Received
	Address _____			

	Job Title /duties	Hourly Rate/Salary Starting Final		

	Supervisor Name			
	Supervisor Phone			
Reason for leaving				
4	Employer	Dates From To		Discipline Received
	Address _____			

	Job Title /duties	Hourly Rate/Salary Starting Final		

	Supervisor Name			
	Supervisor Phone			
Reason for leaving				
5	Employer	Dates From To		Discipline Received
	Address _____			

	Job Title /duties	Hourly Rate/Salary Starting Final		

	Supervisor Name			
	Supervisor Phone			
Reason for leaving				

EMPLOYMENT (Continued)

1. Indicate the number of times you were late to work in the 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 services?
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? _____

7. Have your employers treated you fairly? _____

LIST ALL ILLEGAL DRUGS YOU HAVE USED

1. Name/Type of Drug Used _____
Month/Yr: From _____ To _____ Total number of time used _____
2. Name/Type of Drug Used _____
Month/Yr: From _____ To _____ Total number of time used _____
3. Name/Type of Drug Used _____
Month/Yr: From _____ To _____ Total number of time used _____
4. Name/Type of Drug Used _____
Month/Yr: From _____ To _____ Total number of time used _____

PERSONAL CHARACTER BACKGROUND

1. Has any legal judgment, i.e. divorce, child support, alimony, every been issued against you? Yes _____ No _____

If yes, explain in detail. _____

2. Have you ever been found guilty, pled guilty, or pled no contest to any crime, include expunged, dismissed, set aside, or deferred sentences. This includes 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. _____

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

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

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

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.

6. 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.

AUTHORIZATION AND UNDERSTANDING

Upon the signing of the application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I understand I may be subject to a full background investigation, including finger print checks, a review of police and arrest records, and a review of any criminal conviction history.

I further understand that the Michigan Handicappers' Civil Rights Act, MCL 37.1101, et seq, requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer. Handicapped employees and applicants may request an accommodation of their handicap by notifying the Police Department in writing of the need for accommodation within 182 days of the date of the handicapper knows or should know that an accommodation is needed. Under the Act, failure to properly notify the Police Department will preclude any claim that the employer failed to accommodate the handicapper.

Signature

Date



Schoolcraft Police Department
442 N. Grand Street P.O. Box 8
Schoolcraft, MI 49087
Phone: 269-679-5600 Fax: 269-679-4761

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 official 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

Michigan Commission on Law Enforcement Standards
106 W. Allegan Street, PO Box 30633, Lansing, MI 48909
(517) 322-1417

**AUTHORIZATION FOR RELEASE OF INFORMATION
INSTRUCTION SHEET**

All applicants (Sections A & B):

Sections A & B of the attached Authorization for Release of Information must be completed by all applicants of a Michigan law enforcement agency ("Agency"), basic law enforcement training academy or pre-service track program ("Academy"), or the Recognition of Prior Training and Experience ("RPTE") program.

Prospective employing Law Enforcement Agency, Academy, or RPTE program requesting information responsibilities for completing the authorization for release of information form:

- The Agency, Academy or RPTE program requesting information to satisfy the requirement of a comprehensive background investigation must enter their entity's name in the blank areas of Section B (see footnote #1 on the authorization for release of information waiver form).
- Print this form and provide to all Agency, Academy, or RPTE applicants for completion.

Applicant responsibilities:

Once the prospective employing Agency, Academy or entity has printed and provided the applicant with the authorization for release of information waiver form the applicant shall:

- All applicants (non-licensed, currently licensed, and previously licensed law enforcement officers) shall complete all of **Section A**.
- All applicants (non-licensed, currently licensed, and previously licensed law enforcement officers) shall sign and date the bottom of **section B**.
- **Currently licensed and previously licensed law enforcement officers proceed to Section C (see below instructions).**
- Non-licensed individuals return the completed and signed Authorization for Release of Information form to the prospective employing law enforcement Agency, Academy, RPTE program, or entity.

The prospective employing law enforcement Agency, Academy, or RPTE program shall use this form to satisfy requirements to complete a comprehensive background investigation.

Applicants who are CURRENTLY LICENSED or PREVIOUSLY LICENSED law enforcement officers (Section C):

Prospective employing law enforcement agency *and* CURRENTLY LICENSED/PREVIOUSLY LICENSED law enforcement officer applicants complete sections A & B as instructed above.

Effective January 15, 2018:

2017 PA 128 requires a law enforcement officer who is licensed or who was previously licensed or certified under the Michigan Commission on Law Enforcement Standards Act, 1965 PA 203, MCL 28.601 to 28.615, and was previously employed as a law enforcement officer in this state, who separates from his or her employing law enforcement agency or from employment as a law enforcement officer and who subsequently seeks to become reemployed as a law enforcement officer in this state, to provide the prospective employing law enforcement agency **a signed waiver**. This Authorization for Release of Information form serves as that waiver.

As required by statute the waiver expressly requires the prospective employing law enforcement agency to contact the law enforcement officer's former employing law enforcement agency or agencies and seek a copy of the record regarding the reason or reasons for, and circumstances surrounding, his or her separation of service which was created by his or her former employing law enforcement agency or agencies.

The prospective employing law enforcement agency is responsible for providing the waiver to the former employing law enforcement agency or agencies and requesting copies of the record regarding the reason or reasons for, and circumstances surrounding, his or her separation of service from each agency.

A prospective employing law enforcement agency **shall not hire** a law enforcement officer who was previously separated from their employment with a law enforcement agency or agencies unless the prospective employing law enforcement agency receives the record created regarding the reason or reasons for, and circumstances surrounding, his or her separation of service created by his or her former employing law enforcement agency or agencies.

Section C of the attached Applicant Information Sheet and Authorization for Release of Information form must be completed by any applicant who is LICENSED or was PREVIOUSLY LICENSED and has separated service from their previous employing law enforcement agency or agencies.

Prospective employing Law Enforcement agency requirements:

- The prospective Agency, Academy, or RPTE program requesting information to satisfy the requirements under 2017 PA 128 must enter their name in the blank area of **Section C** (see footnote #2 on the authorization for release of information waiver form).
- Print the form and provide to the applicant for completion for each previously employing law enforcement agency.

Applicant responsibilities:

- Sign and date the form. Return the form to the Agency, Academy, or RPTE program.

The Agency, Academy, or RPTE program shall use this form to satisfy requirements to complete a comprehensive background investigation and the requirements under 2017 PA 128.

Michigan Commission on Law Enforcement Standards
106 W. Allegan Street, PO Box 30633, Lansing, MI 48909
(517) 322-1417

AUTHORIZATION FOR RELEASE OF INFORMATION

Sections A & B to be completed by all applicants (non-licensed, currently licensed, or previously licensed law enforcement officers)

Section A - Type or print only:

Last Name:	First Name:	Middle Name:	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:	

Section B – Authorization for release of information:

I hereby authorize any individual, agency or organization to furnish to the Michigan Commission on Law Enforcement Standards, the _____¹, their representatives and/or agents (including, but not limited to, 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/psychological, 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 and the _____¹.

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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*****Section C to be completed by current or previously licensed law enforcement officers only*****

Section C – Former Michigan employing law enforcement agency authorization:

Further, I hereby authorize the _____², to contact my former Michigan employing law enforcement agency or agencies to request and obtain a copy of the record regarding the reason or reasons for, and circumstances surrounding, my separation of service created by any of my former employing law enforcement agency or agencies. **(Under 2017 PA 128, MCL§28.561, et seq. a prospective employing law enforcement agency shall not hire a law enforcement officer unless the prospective employing law enforcement agency receives the record regarding the reason or reasons for, and circumstances surrounding, a separation of service from each prior employing law enforcement agency)**

Signature:	Today's Date:
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AUTHORITY:	1965 PA 203; 2017 PA 128
COMPLIANCE:	Voluntary
PENALTY:	No License Activation/ Employment/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.

¹ Type the name of the Law Enforcement Agency, Basic Law Enforcement Training Academy, or RPTE Program requesting the information in this blank.

² Type the name of the Law Enforcement Agency, Basic Law Enforcement Training Academy, or RPTE Program requesting the information in this blank.