



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

**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