



ERIE TOWNSHIP POLICE DEPARTMENT



2065 Erie Road • PO Box 187
Erie, Michigan 48133-0187
Phone 734-848-4082 • Fax 734-848-2879

APPLICATION FOR EMPLOYMENT

To The Applicant. We appreciate your interest in our entity and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

We are an equal opportunity employer and shall consider qualified applicants for all positions without regard to race; color; sex; religion; national origin; age; height; weight; marital or veteran status; or disability.

PERSONAL

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

Address (Number) (Street) (City/State) (Zip Code) Date of Birth:

Telephone No. Social Security No.

Do you have a valid driver's license? Yes ___ No ___ License No. State:

Do you have your MCOLES certification? Yes ___ No ___ Are you 18 years or older? Yes ___ No ___

Are you authorized to work in the U. S.? Yes ___ No ___

Have you been previously employed here? Yes ___ No ___ If yes, date(s)

Supervisor Name:

Have you filed an application before? Yes ___ No ___ If yes, date

List any friends or relatives working here:

EMPLOYMENT DESIRED

Position(s) applied for:

Kind of work sought: Full time ___ Part time ___ Other ___

If part-time, please specify hours and days desired:

Salary Desired: Date available to begin work:

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, what branch? _____ Rank at Discharge: _____

Are you in the reserves? Yes ___ No ___ If yes, date obligation ends: _____

Special/Technical Training _____

EMPLOYMENT EXPERIENCE (List Current or most recent job first)

Employer: _____
(Name) (Address) (City/State) (Zip)

Job Title: _____ Supervisor: _____

Dates: From _____ To _____ Hourly Rate/Salary: _____ / _____
(Starting) (Final)

Work Performed: _____

Reason for Leaving: _____

Employer: _____
(Name) (Address) (City/State) (Zip)

Job Title: _____ Supervisor: _____

Dates: From _____ To _____ Hourly Rate/Salary: _____ / _____
(Starting) (Final)

Work Performed: _____

Reason for Leaving: _____

Employer: _____
(Name) (Address) (City/State) (Zip)

Job Title: _____ Supervisor: _____

Dates: From _____ To _____ Hourly Rate/Salary: _____ / _____
(Starting) (Final)

Work Performed: _____

Reason for Leaving: _____

EMPLOYMENT EXPERIENCE CONT.

Employer: _____
(Name) (Address) (City/State) (Zip)

Job Title: _____ Supervisor: _____

Dates: From _____ To _____ Hourly Rate/Salary: _____ / _____
(Starting) (Final)

Work Performed: _____

Reason for Leaving: _____

EDUCATION

Elementary: _____ Yrs. Completed: _____
(Name) (Location)

Diploma/Degree: _____ Courses of Study: _____

High School: _____ Yrs. Completed: _____
(Name) (Location)

Diploma/Degree: _____ Courses of Study: _____

College: _____ Yrs. Completed: _____
(Name) (Location)

Diploma/Degree: _____ Courses of Study: _____

Graduate: _____ Yrs. Completed: _____
(Name) (Location)

Diploma/Degree: _____ Courses of Study: _____

Vocation/Training: _____ Yrs. Completed: _____
(Name) (Location)

Diploma/Degree: _____ Courses of Study: _____

Any other educational training: _____

REFERENCES (Do not include relatives or former employers)

1. _____
(Name) (Address) (Phone) (Yrs. Acquainted)

2. _____
(Name) (Address) (Phone) (Yrs. Acquainted)

3. _____
(Name) (Address) (Phone) (Yrs. Acquainted)

ADDITIONAL INFORMATION

*Have you ever been convicted of a crime? Yes ___ No ___

If so, where, when and nature of offense _____

List professional, trade, business or civic activities and offices held, excluding groups the name or character of which indicates race; color; religion; national origin; age; marital or veteran status; disability.

State any additional information that you feel may be helpful to us in considering your application: _____

* Yes to this question does not necessarily disqualify an applicant for a entity position.

AUTHORIZATION AND UNDERSTANDING

READ CAREFULLY BEFORE SIGNING

At-Will Employment Status

I AGREE THAT EITHER PARTY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP, WITH OR WITHOUT CAUSE, AT ANY TIME, FOR ANY REASON, AND I FURTHER AGREE THAT THIS ARRANGEMENT MAY ONLY BE CHANGED BY THE ENTITY REPRESENTATIVE, IN WRITING, DIRECTED TO ME PERSONALLY, AND SIGNED BY THE ENTITY REPRESENTATIVE. I agree that I shall be bound by the other rules, policies, regulations, and terms and conditions of employment of the entity as they are from time to time changed and that no additional obligations can be imposed by me on the entity except those which have been acknowledged, in writing, by the Entity Representative or his/her designated representative. This provision shall be freely effective and binding on me at all times except during the specific time periods that I am subject to a written Labor Contract between the Company and a Union, if one should exist, and during those specific time periods the Union Labor Contract shall govern my employment.

I also agree, that if I am hired for a position that requires driving for the entity then I agree to an annual review of my State Motor Vehicle Record.

I further agree that my employment is conditional upon satisfactory completion of documentation as required by the Immigration Reform and Control Act of 1986 and until such time as the results of my pre-employment physical, (if such physical is required) is known.

Signature

Date

APPLICANT RELEASE FORM

I, _____, presently residing at _____

Hereby apply for membership/employment with the Erie Township Police Department. I have been advised and am fully aware that a representative of the department will be conducting a thorough investigation of my background to assist in determining my suitability for this employment. I realize that, in conducting this background investigation, representatives will be making inquiries of the following personal institution: Officials and Records Offices at schools which I have attended; Physicians and/or other persons who may have examined or treated me for any physical or other type illness or injury; Police and/or Court Records with whom I may have information regarding my credit history, employment history, and/or financial standing: present and previous employers; and any other persons who may be able to provide information about me which the department deems necessary.

I hereby authorize and instruct any person or institution in possession of information about me to release same to the Department and to the Township Board. I hereby waive any privileged or right which might otherwise forbid any physician, or other person who has attended me or any other school official, court, policy agency, credit bureau, employer, firm or person from disclosing to the Department and Township Board any knowledge or information they have concerning me. I further consent that the Chief of the Department or his/her representative and the Township board be provided with a copy of any such records concerning me which they may desire.

I hereby give my consent to the Department or it's designee to perform test of my blood and/or urine to determine my possible usage of prohibited substances.

I recognize the right of the Department and the Township Board, in its sole discretion, to treat all sources as confidential, and withhold from me and/or my agent the names of such confidential sources and information obtained there from.

Signature of Applicant

Date