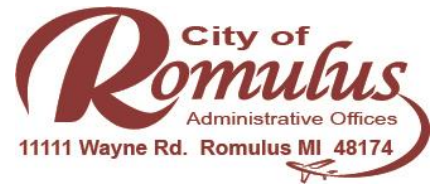


EMPLOYMENT APPLICATION

Police Department



APPLICATION INSTRUCTIONS - Please use black ink.

If you need assistance filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

- 1.) Please read "APPLICANT NOTE."
- 2.) If more space is needed to complete any Questions, use the back of the sheet.
- 3.) Print clearly; incomplete or illegible applications will not be processed.
- 4.) Some packets may have an attached AFFIRMATIVE ACTION QUESTIONNAIRE.
This information is being gathered for Affirmative Action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.
- 5.) **THE CITY OF ROMULUS RESERVES THE RIGHT TO REJECT INCOMPLETE APPLICATIONS.**

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job related skills and for the presence of drugs in your body may be required prior to employment. In accordance with the provisions of the Americans with Disabilities Act, the city of Romulus may require job applicants to undergo a medical and/or psychological examination after an offer of employment has been made, and prior to the commencement of employment duties, and may condition the offer of employment on the results of such examination(s).

TODAY'S DATE: _____ **SOCIAL SECURITY NUMBER:** _____

NAME: _____
Last **First** **M.I.**

ALIAS NAMES USED (for employment verification): _____

PHONE: _____ **WORK PHONE:** _____

EMAIL ADDRESS: _____@_____.COM

DRIVER'S LICENSE #: _____ **STATE:** _____ **ENDORSEMENTS:** _____

DL# for any other state in which you've resided: _____ **State:** _____
_____ **State:** _____

CURRENT ADDRESS: _____
Street **City** **State** **Zip**

PRIOR ADDRESS: _____
Street **City** **State** **Zip**

PRIOR ADDRESS: _____
Street **City** **State** **Zip**

(IN THE PAST FIVE (5) YEARS)

PLEASE INDICATE THE FOLLOWING:

- _____ **CERTIFIED (MCOLES Licensed Police Officer – worked as a Police Officer)**
- _____ **CERTIFIABLE (Completed Academy & MCOLES – never worked as a Police Officer)**
- _____ **NON-CERTIFIED (No Academy – No MCOLES)**
- _____ **RESERVES**

EDUCATION

Please circle the highest grade completed. 12 13 14 15 16+

LIST ALL SCHOOLS YOU HAVE ATTENDED FROM HIGH SCHOOL UNTIL NOW, INCLUSIVE:

| NAME | CITY/STATE | DATES | DIPLOMA / DEGREE |
|--------------------|------------|-------|------------------|
| COLLEGE | | | |
| | | | |
| HIGH SCHOOL | | | |
| OTHER | | | |

POLICE TRAINING

Academy: _____ Length (Weeks) _____

Date of Graduation: _____ Class Rank (Academic) _____ of _____

Special Recognition: _____

APPLICANT'S MILITARY SERVICE

Branch: _____ Length of Service: _____

Type of Discharge: _____

Military Duties: _____

ANY SPECIAL TRAINING AND/OR EXPERIENCE

Any special training, skills, or experience applicable to law enforcement: _____

DRIVING RECORD

Have you ever had your driver's license suspended or revoked? _____ YES _____ NO

If yes, why? _____

Moving Violations (Past five (5) years): _____

Points (Present): _____ Accidents: _____

Non-Moving violations: _____

APPLICANT'S CIVIL COURT SUIT RECORD

YES NO Have you ever been involved in a Civil Court suit?

If yes, please explain: _____

SECURITY

List states and countries of residence for the past seven years. _____

YES NO Have you ever used any names or Social Security Numbers other than those listed on this application. Please list: _____

YES NO Have you ever filed for bankruptcy or had civil claims filed against you? If yes, please explain on a separate sheet of paper.

YES NO Have you ever failed a drug or alcohol test administered to you by another employer?

YES NO Have you ever been arrested, convicted of a felony and/or been incarcerated? If so, please describe below. Use additional paper if necessary. (In accordance with city policy this information will be reviewed for job relatedness and time since last conviction.)

| INCIDENT | CITY/STATE | CHARGE |
|----------|------------|--------|
| 1. | | |
| 2. | | |

JOB-RELATED SKILLS

List languages in which you are fluent _____

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to the City of Romulus.

PREVIOUS POLICE EXPERIENCE

Department Name: _____ Phone: _____

Are you currently working for this employer? YES NO If yes, may we contact? _____

STARTING DATE: _____ END DATE: _____

Supervisor Name: _____ Phone: _____

Duties: _____

Awards: _____

Disciplinary History: _____

Comments: _____

Please list all other police experience in the Employment History section.

EMPLOYMENT HISTORY

Please give an accurate, complete, full-time and part-time employment record. Start with current, or most recent employer (list additional employers on a separate sheet). This section must be completed fully, even if a resume is attached. Please print all information.

| | | |
|---|--|-----------------------------|
| Company Name | Supervisor | Telephone () |
| Address City/State Zip | Employed (List Month & Year) From To | |
| Job Title: _____ List your responsibilities: | Salary Starting: | Ending: |
| | Reason for Leaving: | |

| | | |
|---|--|-----------------------------|
| Company Name | Supervisor | Telephone () |
| Address City/State Zip | Employed (List Month & Year) From To | |
| Job Title: _____ List your responsibilities: | Salary Starting: | Ending: |
| | Reason for Leaving: | |

| | | |
|---|--|-----------------------------|
| Company Name | Supervisor | Telephone () |
| Address City/State Zip | Employed (List Month & Year) From To | |
| Job Title: _____ List your responsibilities: | Salary Starting: | Ending: |
| | Reason for Leaving: | |

PERSONAL REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

| NAME | ADDRESS/PHONE | YEARS KNOWN/RELATIONSHIP |
|------|---------------|--------------------------|
| 1. | | |
| 2. | | |

REFERRAL SOURCE

Advertisement Walk-In City Website
 Friend Employment Agency Indeed
 Relative Other _____ Other Website

I have never been convicted of a misdemeanor crime of domestic violence, I am eligible to carry a weapon pursuant to the Brady Act, and if employed by the City, will advise the Director of Public Safety immediately if and when I am ever convicted of an offense which would preclude me from owning or carrying a weapon.

Applicant's Name (Please Print)

Applicant's Signature

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the city and/or its agents, including consumer reporting bureaus, to verify any of this information including but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal and recreational drugs is prohibited during employment and that the City has a Zero Tolerance Drug Policy. If city policy requires, I am willing to submit to drug testing to detect the use of illegal and recreational drugs prior to and during employment. Furthermore, I agree that any lawsuit against the City of Romulus and/or its agents arising out of my employment application or employment or termination of employment, including, but not limited to claims arising out of State and Federal civil rights statutes, must be brought within time limits or forever be barred: (a) for a lawsuit requiring a notice of right to sue from the EEOC, within 90 days after the EEOC issues that notice, or (b) for all other lawsuits within (i) 180 days of the event(s) giving rise to the claim, or (ii) the time limit specified by statutes, whichever is shorter. I waive any statute of limitations that exceed these time limits.

Signature

Date

City of Romulus Release of Information

To Whom It May Concern:

I hereby authorize any representative of the City of Romulus bearing this release to obtain information from your files or other sources pertaining to my personal background including, but not limited to, academic, athletic, achievement, attendance, or personal history, disciplinary action, medical, credit or any other records you may have regarding me. I hereby direct you to release such information upon the request of the bearer. This release is executed with the full knowledge and understanding that this information is for the official use of the City of Romulus. I hereby release you, the institution or establishment which you represent including its officers, employees, and related personnel both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below:

Full Name: _____

Current Address: _____

Social Security Number: _____

Telephone Number: _____

Signature

Date