

BATH TOWNSHIP POLICE DEPARTMENT GENERAL JOB APPLICATION

14480 Webster Rd
Bath, MI 48808

APPLICANT EMAIL ADDRESS: _____

(Please Print)

| | | | | | | |
|------------------------|-----------------------------------|-------------|-------------------------|-----------------------------------|--------------|--------------|
| Last Name | First Name | Middle Name | Position Applied For | Today's Date | | |
| Address (Number) | (Street) | (City) | (State) | (Zip Code) | (Home Phone) | (Work Phone) |
| Social Security Number | Driver's License Number and State | | Date Available for Work | How were you referred to the Twp? | | |

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status will be required upon employment).

Have you ever worked for the Twp before? Yes No If yes, what position and when?

Do you have any relatives currently employed with the Twp? Yes No If yes, please list the names of any relatives employed by the Twp.

Have you ever been arrested? _____ Felony? _____ Misdemeanor? _____ Give circumstances, date, location and crime.

Have you ever had contact with any police agency as a juvenile offender? _____. If yes, give circumstances, date, location, and crime.

EDUCATION AND TRAINING

| School | Name and Address of School | Dates Attended | | Type of Diploma/ Degree Received | Major Field or Course of Study |
|--------------------|----------------------------|----------------|-----|-------------------------------------|-----------------------------------|
| High School | | From: | To: | | |
| | | | | | |
| College | | From: | To: | | |
| | | | | | |
| College | | From: | To: | | |
| | | | | | |
| Graduate School | | From: | To: | | |
| | | | | | |
| Other | | From: | To: | | |
| | | | | | |
| Other | | From: | To: | | |
| | | | | | |
| Police Academy | | From: | To: | | |
| | | | | | |

PERSONAL REFERENCES: Give five (5) personal references (not relatives, former employers, fellow employees, or school teachers), who are property owners, business or professional men and/or women of good standing in the community and who have known you for more than five (5) years.

| Name | Residence | Home Phone | Number of Yrs. Acquainted | Business Address | Business Phone |
|------|-----------|------------|------------------------------|------------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

EMPLOYMENT EXPERIENCE (Please list most recent position first and work backward for ten (10) years. Include all part-time and temporary employment. Add as many separate sheets as necessary).

| | | | |
|---------------------|---|--|--------------------|
| Employer | Dates Employed From To | | WORK PERFORMED |
| Address | | | |
| Telephone Number(s) | Hourly Rate/Salary Starting Final | | |
| Job Title | | | Supervisor's Name |
| Reason For Leaving | | | Supervisor's Phone |
| Employer | Dates Employed From To | | WORK PERFORMED |
| Address | | | |
| Telephone Number(s) | Hourly Rate/Salary Starting Final | | |
| Job Title | | | Supervisor's Name |
| Reason For Leaving | | | Supervisor's Phone |
| Employer | Dates Employed From To | | WORK PERFORMED |
| Address | | | |
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| Employer | Dates Employed From To | | WORK PERFORMED |
| Address | | | |
| Telephone Number(s) | Hourly Rate/Salary Starting Final | | |
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| | | | |
|---------------------|---|--|--------------------|
| Employer | Dates Employed From To | | WORK PERFORMED |
| Address | | | |
| Telephone Number(s) | Hourly Rate/Salary Starting Final | | |
| Job Title | | | Supervisor's Name |
| Reason For Leaving | | | Supervisor's Phone |
| Employer | Dates Employed From To | | WORK PERFORMED |
| Address | | | |
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| Employer | Dates Employed From To | | WORK PERFORMED |
| Address | | | |
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| Employer | Dates Employed From To | | WORK PERFORMED |
| Address | | | |
| Telephone Number(s) | Hourly Rate/Salary Starting Final | | |
| Job Title | | | Supervisor's Name |
| Reason For Leaving | | | Supervisor's Phone |

EMPLOYMENT CONTINUED:

1. May we contact the employers you have listed? Yes _____ No _____ If no, please indicate which one(s) you do not wish us to contact.

2. Have you ever been dismissed or asked to resign from any employment? Yes _____ No _____ If yes, state the reason(s) and the employer(s) involved.

3. Have you ever been refused employment? Yes _____ No _____ If yes, state by whom and for what reason.

4. Have you ever been eliminated as a candidate by an organization during the final selection stage? Yes _____ No _____ If yes, please explain the reason(s) why you were eliminated.

RESIDENCES: List all your residences for the past five years, starting with the most recent and working backward.

| | | | | |
|-------|-----|----------|--------------------|---|
| From: | To: | Address: | Owner of Property: | Address of Owner (if different than yours): |
| From: | To: | Address: | Owner of Property: | Address of Owner (if different than yours): |
| From: | To: | Address: | Owner of Property: | Address of Owner (if different than yours): |
| From: | To: | Address: | Owner of Property: | Address of Owner (if different than yours): |
| From: | To: | Address: | Owner of Property: | Address of Owner (if different than yours): |

ADDITIONAL INFORMATION

Specialized Skills

Radar
 PBT
 Breathalyzer
 Lien

Check Skills/Equipment Operated

Copier
 E-Mail
 PC
 Calculator

W.P.M. _____
W.P.M. _____

Typing
 Shorthand

Microsoft Office Applications
 Dictation Equipment
 Cash Register

Other (list):

Memberships/Associations:

List all organizations of which you are a member (excluding those organizations which indicate the race, color, religion, national origin or ancestry of its members):

Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

Military Experience: Branch of Service _____ Rank _____

Dates: From _____ To _____ Type of Discharge _____

List any military training, duties and/or honors which may relate to the position for which you are applying.

APPLICANT'S STATEMENT

I certify that the information on this application is true and correct and acknowledge that falsification of this application is grounds for disqualification for employment or in the event of employment, dismissal from the job. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

By signing this form, I hereby acknowledge I have read and understood the above statements. I also acknowledge and understand that only an authorized representative from the Township's Personnel Department can extend a valid offer of employment.

Signature of Applicant

Date



Bath Charter Township Police Department Authority for Release of Information

| | | | |
|----------------|-------|-------------------|-------|
| Last Name: | _____ | Social Security # | _____ |
| First Name: | _____ | Place of Birth: | _____ |
| Middle Name: | _____ | County or City: | _____ |
| Suffix: | _____ | State: | _____ |
| Sex: | _____ | Country: | _____ |
| Race: | _____ | | |
| Date of Birth: | _____ | | |

I, _____, Do hereby authorize a review and full disclosure of all records, or any part of, compliance, whether the said record are of public, private or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals, and balances of checking accounts, savings accounts, loans, and the records of commercial or retail credit agencies (including credit reports and/or ratings); Public Utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil, and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever's located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent information or data for the Bath Township Police Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the source of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part; upon this release of information will be considered in determining my suitability for employment by Bath Township Police Department. I understand that all materials pertaining to this background investigation become the property of the Bath Township Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photograph/digital copy of this release form will be valid as an original hereof, even though said photocopy/digital copy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Signature _____

Address: _____

City, State, Zip _____

Subscribed and sworn before me this _____ day of _____, 20____

My commission expires _____ 20____.

Notary _____

WAIVER & AUTHORIZATION FOR RELEASE OF INFORMATION INSTRUCTION SHEET

The attached WAIVER & AUTHORIZATION FOR RELEASE OF INFORMATION is required for any of the following:

1. Application for employment with a law enforcement agency
2. Application for enrollment into a law enforcement academy
3. Application to the law enforcement licensing process

INSTRUCTIONS

Section A:

To be completed by the applicant of a hiring law enforcement agency, law enforcement academy or RPTE program.

Section B:

The **hiring law enforcement agency or the enrolling academy** must place **their own** agency's name in the blank space provided.

- Section B must be signed and dated by the applicant.
-

Section C:

The **hiring law enforcement agency requesting information** must enter **their agency's name** in the blank space provided.

- Section C must be signed and dated by an applicant who is currently or has previously been licensed.
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WAIVER & 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: | Phone No.: | Gender [‡] : | Race [‡] : |
| Residence Address (Street, City, State, Zip): | | | 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.

| | |
|----------------------|---------------|
| Applicant Signature: | Today's Date: |
|----------------------|---------------|

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

Section C – Former Michigan employing law enforcement agency authorization:

I hereby authorize any and all of my former employing Michigan law enforcement agencies to provide the _____¹, with a copy of the record regarding the reason or reasons for, and circumstances surrounding, my separation of service created by any former employing law enforcement agency or agencies. ***(Under 2017 PA 128, MCL§28.561, et seq. a hiring law enforcement agency shall not hire a law enforcement officer unless the hiring 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.)***

| | |
|----------------------|---------------|
| Applicant signature: | Today's Date: |
|----------------------|---------------|

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|-------------|--|
| AUTHORITY: | 1965 PA 203; 2017 PA 128 |
| COMPLIANCE: | Voluntary |
| PENALTY: | No License Activation/ Employment/ Academy Enrollment |

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|---|
| * This information is confidential. Confidential information is protected by the Federal Privacy Act. |
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|---|
| ‡ This information is for the purposes of EEO reporting only. |
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¹ Type or print the name of the hiring law enforcement agency or the enrolling academy.

