

# East Tawas Police Department

# APPLICATION FOR EMPLOYMENT

To The Applicant: We appreciate your interest and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in placing you within the East Tawas Police Department (ETPD).

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

## **PERSONAL** (please print)

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

Address \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you authorized to work in the United States?  Yes  No

Are you 18 years or older?  Yes  No

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

Have you filed an application here before?  Yes  No If yes, date(s) \_\_\_\_\_

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 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: \_\_\_\_\_ Date of 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)

1	Employer	From	Dates		To	Work Performed
	Address					
	Job Title	Hourly Rate/Salary				
	Supervisor	Starting	Final			
	Reason for Leaving					
2	Employer	From	Date		To	Work Performed
	Address					
	Job Title	Hourly Rate/Salary				
	Supervisor	Starting	Final			
	Reason for Leaving					
3	Employer	From	Dates		To	Work Performed
	Address					
	Job Title	Hourly Rate/Salary				
	Supervisor	Starting	Final			
	Reason for Leaving					
4	Employer	From	Dates		To	Work Performed
	Address					
	Job Title	Hourly Rate/Salary				
	Supervisor	Starting	Final			
	Reason for Leaving					

**EDUCATION**

School	Name/Location	Years Completed	Diploma/Degree	Courses of Study
High School				
College				
Graduate				
Vocation/Training				
Other				

**Any other Educational Training:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES** (Do not include relatives or former employers.)

Name	Address	Phone Number	Years Acquainted

**ADDITIONAL INFORMATION**

Have you ever been convicted of a crime?  Yes  No

If yes, where, when and nature of offense \_\_\_\_\_  
\_\_\_\_\_

Do you have a valid driver's license?  Yes  No License # \_\_\_\_\_ State \_\_\_\_\_

List professional, trade, business or civic activities and offices held excluding groups, the name or character of which indicated race, color, religion, sex, national origin, handicap, marital or veterans status: \_\_\_\_\_  
\_\_\_\_\_

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

Have you ever suffered any injury or health related issue that would prevent you from performing physically challenging feats and/or do you have any medical restrictions that would affect your ability to perform the duties of a police officer? If yes to any of the above please explain:

**AUTHORIZATION AND UNDERSTANDING**

Release of Prior Personnel Records

By signing this application, I agree that all of the information now or later given by me in support of my application for employment is true and complete. I give you my permission to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, organizations, or governmental agencies. I give these individuals, organizations, or governmental agencies my permission to release any information that you need, including my previous disciplinary record, without requiring them to contact me or give me written notice before revealing the information to you. By signing this application, I release you and them from any liability whatsoever arising out of any information request or disclosure. I agree that any false information in support of my application may subject me to discharge at any time during my employment.

At-Will Employment Status

I agree that either party may terminate the employment relationship, with or without cause at-will any time for any reason, and I further agree that this arrangement may only be changed by the City of East Tawas, in writing, directed to me personally, and signed by the City Manager. I agree that I shall be bound by the other rules, regulations, and terms and conditions of the ETPD except those which have been acknowledged, in writing by the City Manager. 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 requirements of my conditional offer of employment are known.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_