

Preliminary Application

Huntington Woods Department of Public Safety

As part of the application process, **WE WILL** conduct background checks on applicants.

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all federal and state laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age, sex, marital status, or physical or mental disability, except where a reasonable, bona fide occupational qualification exists.

— PLEASE TYPE OR PRINT IN INK —			Today's Date	
Name			Social Security Number (optional)	
Address			How Long?	
City			State	Zip Code
Daytime Telephone ()	Home Telephone ()	E-mail Address		
Position for which you are applying.				
Are you available to work full time? <input type="checkbox"/> Yes <input type="checkbox"/> No		MCOLES Certified/Certifiable? <input type="checkbox"/> Yes <input type="checkbox"/> No License # _____		Fire Fighter I and/or II ? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any commitments to another employer that might affect your employment with us?			Date available for work	

EDUCATION & TRAINING

	SCHOOL NAME	CITY AND STATE	DEGREE/DIPLOMA MAJOR COURSE OF STUDY	DEGREE RECEIVED?
High School/GED				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Police Academy				<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Academy				<input type="checkbox"/> Yes <input type="checkbox"/> No

List any other education, training, special skills or certificates/licenses that you possess related to the job.

Professional License/ Certification #	Professional License/ Certification Type	When was certification/Licensure obtained?	State Issued	Expiration Date
Professional License/ Certification #	Professional License/Certification Type	Issuing Agency	State Issued	Expiration Date

List any machines, equipment or software programs on which you are qualified and experienced in operating.

List any languages that you speak fluently: _____ Read/write: _____

Do you have a valid driver's license ? Yes No if yes: License # _____ State? _____

Military Experience? Yes No If Yes, what branch? _____ Type of Discharge _____

GENERAL INFORMATION

Can you, after employment, submit verification of your legal right to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 21 years old or over?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied for employment with the City of Huntington Woods? If Yes, give dates _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
List any relatives working for the City of Huntington Woods:	
Can you perform the essential functions of the job of Public Safety Officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require any accommodation to perform the essential functions of the job? If Yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY

List all work experience beginning with the present or most recent job (use back of application, if necessary).

MOST RECENT JOB HELD	Name of Employer		Type of Business		
	Address		City	State Zip Code	
	Dates Employed (from-to)		Title		
	Name and Title of Supervisor		Telephone Number ()		
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time		
	Brief Description of Duties				
	Reason for Leaving			Last Salary \$	

PREVIOUS EMPLOYMENT	Name of Employer		Type of Business		
	Address		City	State Zip Code	
	Dates Employed (from-to)		Title		
	Name and Title of Supervisor		Telephone Number ()		
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time		
	Brief Description of Duties				
	Reason for Leaving			Last Salary \$	

PREVIOUS EMPLOYMENT	Name of Employer		Type of Business		
	Address		City	State Zip Code	
	Dates Employed (from-to)		Title		
	Name and Title of Supervisor		Telephone Number ()		
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time		
	Brief Description of Duties				
	Reason for Leaving			Last Salary \$	

PREVIOUS EMPLOYMENT	Name of Employer		Type of Business		
	Address		City	State Zip Code	
	Dates Employed (from-to)		Title		
	Name and Title of Supervisor		Telephone Number ()		
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time		
	Brief Description of Duties				
	Reason for Leaving			Last Salary \$	

PERSONAL REFERENCES

(List three individuals, in addition to listed employment references, known to you for at least three years.)

NAME	OCCUPATION / ASSOCIATION	TELEPHONE
1.		()
2.		()
3.		()

Person to be notified in case of emergency:

Name	Telephone ()
Address	

ADDITIONAL INFORMATION

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, honors received, etc. (You may omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin, or disability.)

CRIMINAL RECORD INFORMATION

All Applicants: Include any records expunged, annulled, sealed, or discharged under first-offender law.

Have you ever been convicted of, plead guilty to, or received probation, deferred adjudication, or any other type of alternative method of supervision or correction for a misdemeanor, having a penalty of imprisonment or a fine of more than \$500, or a felony? (Answering Yes is not an automatic bar to employment but will be considered in relation to specific job requirements.) Yes No
If Yes, explain: _____

Have you been convicted of a crime (exclude minor traffic cases; include OWI's)? Yes No
If yes, describe: _____

Are criminal charges now pending against you? Yes No
If yes, describe: _____

AGREEMENT (Please read the following statement carefully.)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to be the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

Signature	Date
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