



# Application for Police or Dispatcher Employment

Van Buren Charter Township • Human Resources Department  
46425 Tyler Rd • Van Buren Township, Michigan 48111  
Phone: (734) 699-8900 ext. 9293 • Fax: (734) 699-8958



Van Buren Township is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital status, family status, veteran status, physical or mental disability, sexual orientation, gender identity or any other protected category. We provide reasonable accommodation for qualified individuals with a disability if requested.

**Type or print in black ink. You are required to answer all questions completely, even if you enclose a resume. Extra pages may be attached if you need them. You are responsible for complying with any application deadlines. This form may be turned in at the Human Resources Department or mailed to the above address.**

Position Applied for (circle one): **Police Officer** | **Dispatcher** Date: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone ( ) ( ) ( )  
Home Number Cell Phone Number Work Number

E-Mail Address: \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_ Social Security Number \_\_\_\_\_

Are you a relative by birth or marriage to any Van Buren Township employee or elected official? \_\_\_\_\_  
If yes, please list below:

Name Department Relationship

When can you start working? \_\_\_\_\_

What kind of employment are you interested in?  Full Time  Part Time

Van Buren Township is an **EQUAL OPPORTUNITY EMPLOYER**. To help us comply with government record keeping requirements we would appreciate your completing the following form. Any information given will not be used to decide if you will be hired. This information will be kept confidential, and only be used in accordance with applicable state and federal laws and regulations. You **ARE NOT** required to provide this information. **Check the spaces that applies to you:**

**Sex**  Male  Female

**Are you a Vietnam Era Veteran?**  Yes  No

**Race**  
 White  
 Black  
 Asian / Pacific Islander  
 American Indian / Alaskan National  
 Hispanic  
 Multiracial / Parents of different races  
 Other-Explain

## EDUCATION AND TRAINING

	HIGH SCHOOL	VOCATIONAL / TECHNICAL	COLLEGE	GRADUATE SCHOOL
School Name, City/State				
Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Number of credit hours earned				
Degree / Certificate				

## EMPLOYMENT HISTORY

Employer	Dates		Hourly Rate/Salary	
	From	To	Start	Final
Telephone + Area Code				
Address (City, State, Zip)				
Job Title	Supervisor			
Reason(s) for Leaving	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			
Work Performed				

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Work Performed				



**AUTHORITY TO RELEASE PERSONAL INFORMATION**  
**FOR ALL VAN BUREN TOWNSHIP POSITIONS**

**This Authorization Form is presented to all applicants for employment with Van Buren Township. While completion of this form is voluntary, the Township reserves the right to disqualify and/or refuse to process the application of anyone who refuses to sign and/or duly provide the requested Authority. You are asked to carefully read each paragraph below. In addition to your complete signature at the bottom of the form, you are instructed to initial each paragraph below to indicate that you have read, understood, and agreed to the contents of each and every authorization, release, waiver, designation, and request. INITIAL Each Paragraph After Reading – DO NOT insert a check mark or “x”. You must initial.**

\_\_\_\_\_ I hereby authorize the VanBuren Township, Michigan, to conduct investigation into my background including criminal history (conviction and/or pending felony charge), driving record, previous employment (present employer will **not** be contacted without applicant's prior approval), educational background, military history, personal history, and to conduct any other investigation that it deems  
\_\_\_\_\_ appropriate.

\_\_\_\_\_ I request any custodian of the aforementioned information including duly constituted law enforcement agencies or judicial officers or other appropriate persons to furnish Van Buren  
\_\_\_\_\_ Township with all information it may have pertaining to me.

\_\_\_\_\_ I hereby authorize the release of any and all such records of any confidential information to any member of the Van Buren Police Department and/or the Township to be used in conjunction with my application for employment. I hereby release you and your employees and/or agents from any liability or claim for any damage whatsoever incurred by me as a result of furnishing this information. Further, I hereby waive statutory written notice for the release of disciplinary reports, letters of reprimand, or other disciplinary action; and any rights afforded me pursuant to M.C.L. 423.501, the Employee Right to  
\_\_\_\_\_ Know Act.

\_\_\_\_\_ Further, in consideration of the Township considering my application for employment I hereby release, relieve and indemnify Van Buren Township, Michigan, the Van Buren Police Department the Van Buren Trustees, the Van Buren employees, officials, and agents from and against any and all liability and/or damages of whatsoever kind or nature arising from the use of said information and/or records  
\_\_\_\_\_ pertaining to me which is obtained during such investigation

\_\_\_\_\_ This authorization shall continue until revoked by me in writing. A photocopy or reproduction  
\_\_\_\_\_ or facsimile transmission of this authorization shall be for all intents and purposes as valid as the original.

I acknowledge that I have read the foregoing and read and understand the content and import thereof.

SIGNATURE: \_\_\_\_\_

FULL NAME (Please Print): \_\_\_\_\_

ANY PRIOR NAME YOU MAY HAVE HAD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

DRIVER'S LICENSE NO. \_\_\_\_\_ EXPIRES: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER: \_\_\_\_\_ XXX - XX - \_\_\_\_\_

WITNESS: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(Please Print) (Signature of Witness)

WITNESS ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_

# AGREEMENT AND UNDERSTANDING

I certify that the information in this application is true, complete and correct to the best of my knowledge and understand that falsification, misleading, misrepresentation or omission of any information submitted in connection with my application or interview, whether in this document or not, may result in rejection of my application or, if hired, in dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_