

CHARTER TOWNSHIP OF CLINTON
POLICE & FIRE CIVIL SERVICE COMMISSION EMPLOYMENT APPLICATION

POLICE/FIRE DEPARTMENT

DATE: _____

TYPE OR PRINT ALL INFORMATION LEGIBLY IN INK. ANSWER ALL QUESTIONS ACCURATELY AND COMPLETELY. UPON APPOINTMENT, THIS APPLICATION WILL BECOME A PERMANENT PART OF YOUR PERSONNEL FILE. **ANY FALSE STATEMENT WILL AUTOMATICALLY DISQUALIFY YOU FOR THIS POSITION.**

FULL NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____
STREET ADDRESS CITY/STATE ZIP CODE

TELEPHONE: _____ **SOCIAL SECURITY #:** _____

LIST ALL OTHER NAMES EVER USED, INCLUDING NICK NAMES: _____

ARE YOU EIGHTEEN YEARS OF AGE OR OLDER? YES NO

U.S. CITIZEN: BORN: _____ NATURALIZED: _____
(COPY OF NATURALIZATION PAPERS REQUIRED)

MICHIGAN RESIDENT: YES NO IF YES, HOW LONG: _____

MILITARY STATUS:

ARE YOU A VETERAN: _____ **BRANCH OF SERVICE:** _____

DATE OF ENTRY: _____ **SERIAL #:** _____

DISCHARGE DATE: _____ **RANK:** _____

WAS YOUR DISCHARGE HONORABLE? YES NO

DID YOU HAVE ANY CONVICTIONS UNDER THE UNIFORM CODE OF MILITARY JUSTICE (UCMJ)? YES NO

IF YES, EXPLAIN: _____

PRESENT MILITARY RESERVE AFFILIATION, IF ANY: _____

EDUCATION:

HIGH SCHOOL:

NAME: _____

LOCATION: _____

YEAR GRADUATED: _____

BUSINESS COLLEGE:

NAME: _____

LOCATION: _____

DATES ATTENDED: _____

GRADUATE - NO. YRS. ATTENDED: _____

MAJOR: _____

GRADE - AVERAGE: _____

COLLEGE OR UNIVERSITY:

NAME: _____

LOCATION: _____

DATES ATTENDED: _____

GRADUATE - NO. YRS. ATTENDED: _____

DEGREE AWARDED: _____

GRADE - AVERAGE: _____

OTHER:

NAME: _____

LOCATION: _____

DATES ATTENDED: _____

GRADUATE - NO. YRS. ATTENDED: _____

MAJOR: _____

GRADE - AVERAGE: _____

LIST ANY SPECIAL INTERESTS, SKILLS, LANGUAGES OR HOBBIES THAT YOU HAVE:

EMPLOYMENT: (START WITH THE PRESENT OR MOST RECENT AND WORK BACKWARDS FOR THREE YEARS. INCLUDE PART-TIME AND TEMPORARY EMPLOYMENT. ADD AS MANY SEPARATE SHEETS AS NECESSARY)

NAME OF FIRM: _____

ADDRESS: _____

TELEPHONE: _____ TYPE OF BUSINESS: _____

NAME OF YOUR SUPERVISOR(S): _____

DATE EMPLOYED: _____ DATE RELEASED: _____

YOUR JOB TITLE: _____ STARTING WAGE: _____ ENDING WAGE: _____

REASONS FOR LEAVING: _____

MAJOR DUTIES AND RESPONSIBILITIES:

NAME OF FIRM: _____

ADDRESS: _____

TELEPHONE: _____ TYPE OF BUSINESS: _____

NAME OF YOUR SUPERVISOR(S): _____

DATE EMPLOYED: _____ DATE RELEASED: _____

YOUR JOB TITLE: _____ STARTING WAGE: _____ ENDING WAGE: _____

REASONS FOR LEAVING: _____

MAJOR DUTIES AND RESPONSIBILITIES:

NAME OF FIRM: _____

ADDRESS: _____

TELEPHONE: _____ TYPE OF BUSINESS: _____

NAME OF YOUR SUPERVISOR(S): _____

DATE EMPLOYED: _____ DATE RELEASED: _____

YOUR JOB TITLE: _____ STARTING WAGE: _____ ENDING WAGE: _____

REASONS FOR LEAVING: _____

MAJOR DUTIES AND RESPONSIBILITIES:

NAME OF FIRM: _____

ADDRESS: _____

TELEPHONE: _____ TYPE OF BUSINESS: _____

NAME OF YOUR SUPERVISOR(S): _____

DATE EMPLOYED: _____ DATE RELEASED: _____

YOUR JOB TITLE: _____ STARTING WAGE: _____ ENDING WAGE: _____

REASONS FOR LEAVING: _____

MAJOR DUTIES AND RESPONSIBILITIES:

NAME OF FIRM: _____

ADDRESS: _____

TELEPHONE: _____ TYPE OF BUSINESS: _____

NAME OF YOUR SUPERVISOR(S): _____

DATE EMPLOYED: _____ DATE RELEASED: _____

YOUR JOB TITLE: _____ STARTING WAGE: _____ ENDING WAGE: _____

REASONS FOR LEAVING: _____

MAJOR DUTIES AND RESPONSIBILITIES:

HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? YES NO
IF YES, GIVE RELATED CIRCUMSTANCES, DATE, AND EMPLOYERS NAME:

HAVE YOU EVER BEEN REFUSED EMPLOYMENT? YES NO
IF YES, STATE BY WHOM AND FOR WHAT REASONS:

CREDIT:

HAVE YOU EVER BEEN REFUSED CREDIT? YES NO
IF YES, INDICATE NAMES, DATES, PLACES, AND REASONS:

ARE THERE ANY OUTSTANDING MONEY JUDGMENTS AGAINST YOU? YES NO
IF YES, PLEASE LIST JUDGMENT CREDITORS AND THE AMOUNT OF ANY OUTSTANDING JUDGMENT:

ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED MEMBER OF ANY TRADE OR PROFESSION? YES NO
IF YES, INDICATE THE ORGANIZATION, KIND OF LICENSE, STATE AND CITY, AND PERIOD COVERED BY THE LICENSE:

CIVIC, FRATERNAL, AND OTHER ORGANIZATIONS: (LIST BELOW THE NAMES OF THE ORGANIZATIONS OF WHICH YOU HAVE BEEN OR ARE PRESENTLY A MEMBER)

<u>NAME OF ORGANIZATION</u>	<u>LOCATION</u>	<u>DATE OF MEMBERSHIP</u>	<u>OFFICE HELD</u>

RESIDENCES: (LIST ALL YOUR RESIDENCES FOR THE PAST TEN YEARS, STARTING WITH THE MOST RECENT AND WORKING BACKWARD. ADD AS MANY SHEETS AS NECESSARY)

ADDRESS: _____

FROM: _____ TO: _____

OWNER: _____ ADDRESS: _____

TELEPHONE: _____

ADDRESS: _____

FROM: _____ TO: _____

OWNER: _____ ADDRESS: _____

TELEPHONE: _____

ADDRESS: _____

FROM: _____ TO: _____

OWNER: _____ ADDRESS: _____

TELEPHONE: _____

ADDRESS: _____

FROM: _____ TO: _____

OWNER: _____ ADDRESS: _____

TELEPHONE: _____

ADDRESS: _____

FROM: _____ TO: _____

OWNER: _____ ADDRESS: _____

TELEPHONE: _____

DRIVER RECORD:

MICHIGAN OPERATOR'S LICENSE NUMBER: _____ TYPE: _____

HAVE YOUR DRIVING PRIVILEGES EVER BEEN DENIED, SUSPENDED, OR REVOKED? YES NO
IF YES, GIVE DATES AND COMPLETE REASONS:

LIST ALL TRAFFIC VIOLATIONS FOR WHICH YOU HAVE PLED RESPONSIBLE, BEEN CONVICTED, FINED, IMPRISONED, PLACED ON PROBATION, OR BEEN ORDERED TO POST BOND OR BAIL (EXCLUDING PARKING VIOLATIONS). GIVE IN EACH CASE THE NATURE OF THE VIOLATION, NAME AND LOCATION OF THE COURT, PENALTY IMPOSED, OR OTHER DISPOSITION OF THE CASE. IF NONE, WRITE NONE. INCLUDE MILITARY.

1) _____

2) _____

3) _____

LIST AND DESCRIBE CIRCUMSTANCES OF EACH MOTOR VEHICLE ACCIDENT YOU HAVE BEEN INVOLVED IN, STATE IF INJURIES RESULTED:

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO
IF YES, WHEN, WHERE, AND NATURE OF OFFENSE?

ARE THERE ANY FELONY CHARGES PENDING AGAINST YOU? YES NO

LIST BELOW ANY OFFENSES, OTHER THAN MINOR TRAFFIC VIOLATIONS, FOR WHICH MEMBERS OF YOUR OR YOUR SPOUSE'S IMMEDIATE FAMILY HAVE BEEN CONVICTED. GIVE PERSON'S NAME, HIS RELATIONSHIP TO YOU AND DETAILS OF THE OFFENSE.

HAVE YOU EVER BEEN REFUSED AUTOMOBILE INSURANCE? YES NO
IF YES, WHY:

PERSONAL REFERENCES: GIVE FIVE (5) PERSONAL REFERENCES, IF AT ALL POSSIBLE RESIDENTS OF CLINTON TOWNSHIP (NOT RELATIVES OR FORMER EMPLOYERS), WHO ARE RESPONSIBLE ADULTS OF REPUTABLE STANDING IN THEIR COMMUNITIES, WHO HAVE KNOWN YOU WELL DURING THE PAST FIVE (5) YEARS OR MORE.

<u>NAME</u>	<u>HOME ADDRESS</u>	<u>TELEPHONE</u>	<u>YEARS KNOWN</u>

DO YOU OR ANY MEMBER OF YOUR FAMILY ADVOCATE OR HAVE EVER ADVOCATED, OR ARE NOW OR HAVE EVER BEEN A MEMBER OF ANY ORGANIZATION THAT ADVOCATES THE OVERTHROW OF THE GOVERNMENT BY FORCE OR VIOLENCE? YES NO
IF YES, GIVE COMPLETE DETAILS. (NAME & LOCATION OF ORGANIZATION, YOUR AFFILIATION, DATES, ETC.)

I CERTIFY THAT THE STATEMENTS MADE BY THIS APPLICATION ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT FALSE STATEMENTS HEREIN ARE SUFFICIENT GROUNDS FOR REJECTION OF THIS APPLICATION OR DISMISSAL FROM THE DEPARTMENT'S SERVICE.

SIGNED: _____

DATE: _____

IF APPLYING FOR A POLICE OFFICER POSITION, PLEASE PROVIDE MCOLES #:
