

# Employment Application

Mackinaw City Police Department  
102 S. Huron Avenue, Mackinaw City, MI 49701

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Date of Application: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-In  
 Employment Agency  Other: \_\_\_\_\_

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Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_  
AREA CODE

If employed and you are under 18, can you furnish a work permit?  Yes  No

Have you filed an application here before?  Yes  No If Yes, give date: \_\_\_\_\_

Have you ever been employed here before?  Yes  No If Yes, give date: \_\_\_\_\_

Are you employed now?  Yes  No May we contact your present employer?  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.)

On what date would you be available for work? \_\_\_\_\_

Are you available to work  Full Time  Part-Time  Shift Work  Temporary

Are you on a lay-off and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No  
(conviction will not necessarily disqualify applicant from employment.)

If yes, please explain: \_\_\_\_\_

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**AN EQUAL OPPORTUNITY EMPLOYER**

# Employment Experience

Start with your present or last job. You may exclude organization names which indicate race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

<b>1</b>	Employer	Telephone	Dates Employed		Work Performed
		(      )	From	To	
	Address				
	Job Title			Hourly Rate/Salary	
	Supervisor			Starting	Final
	Reason For Leaving			Permission To Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2</b>	Employer	Telephone	Dates Employed		Work Performed
		(      )	From	To	
	Address				
	Job Title			Hourly Rate/Salary	
	Supervisor			Starting	Final
	Reason For Leaving			Permission To Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3</b>	Employer	Telephone	Dates Employed		Work Performed
		(      )	From	To	
	Address				
	Job Title			Hourly Rate/Salary	
	Supervisor			Starting	Final
	Reason For Leaving			Permission To Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>4</b>	Employer	Telephone	Dates Employed		Work Performed
		(      )	From	To	
	Address				
	Job Title			Hourly Rate/Salary	
	Supervisor			Starting	Final
	Reason For Leaving			Permission To Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you need additional space, please continue on a separate sheet of paper.

## **Special Skills and Qualifications**

Summarize special skills and qualifications

Acquired from employment or other experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Education

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate?	List Diploma or Degree
Elementary			5 6 7 8	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
High School			1 2 3 4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
Other (Specify)			1 2 3 4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	

# Personal References (Not Former Employers or Relatives)

	Name and Occupation	Address	Telephone Number	Best Time to Contact
1				
2				
3				

May we telephone you to follow up on this application at home?  Yes  No If so, best time? \_\_\_\_\_

May we telephone you to follow up on this application at work?  Yes  No If so, best time? \_\_\_\_\_

**PLEASE READ AND SIGN BELOW**

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I understand that neither this application nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing. I also understand that I am required to abide by all rules and regulations of the employer.

By signing below, and pursuant to Michigan law, I hereby waive my right to written notice by my present and/or former employers whenever a disciplinary report, letter of reprimand, or other disciplinary action regarding me is divulged to you by present or former employers. I also authorize the employer to whom I am submitting this application to gather or keep a record of my associations, political activities, or communications of nonemployment activities or to both gather and keep such a record.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

# Background Investigation Authorization

I hereby authorize the Mackinaw City Police Department to conduct a background investigation pertaining to my application for employment. I fully acknowledge that this investigation may result in sensitive information being released and may affect my application process. I release from all liability the Village of Mackinaw City, the Mackinaw City Police Department, its officials and employees, and any employer, educational institution, credit reporting agency/bureau and other providers of information about me in any and all respects relating to or arising from the Mackinaw City Police Department's investigation.

Unless revoked earlier by me, this release shall continue to be effective during my request for employment with the Mackinaw City Police Department, during any employment which I may have with the Mackinaw City Police Department and, in the case of seasonal employment, for any subsequent consideration of rehiring me. I understand that I may revoke this waiver and authorization at any time.

This release is executed with the full knowledge and understanding that the information is for the official use of the Mackinaw City Police Department and will in no way be circulated in hard copy form or verbally. All hard copy materials will be destroyed via paper shredder.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Last)	(First)	(Middle)	(Suffix)
Date of Birth	Social Security Number	Driver's License Number	State

FOR OFFICE USE ONLY			
Signature of Official	Rank	Date	No Records <input type="checkbox"/>
Status of Background Check (Obtain Copies if Available):			