Hamburg Township Police Department
Chief Steve Luciano
E-Mail: sluciano@hamburg.mi.us
10409 Merrill Road ♦ P.O. Box 157
Hamburg, Michigan 48139
Phone: 810-231-9391
Fax: 810-231-9401
www.hamburg.mi.us/police

Hamburg Township Police
Job Posting

POSITION: Police Officers – Two (2) Full Time Police Officers, Hamburg Township Police Department, Hamburg, Michigan

ABOUT HAMBURG TOWNSHIP: The Hamburg Township Police Department is currently accepting applications from qualified candidates for the position of Full Time Police Officer. Hamburg Township, a General Law Township of 23,000 residents, is located in southern Livingston County. Its proximity to US-23 and I-96 and its "up-North" rural feel have made it a popular residential community. Hamburg Township's thirty-five lakes, Huron River, and Brighton State Recreation Area are popular year-round attractions. The Hamburg Township Police Department is comprised of an excellent group of professional men and women who strive to serve their community with quality law enforcement services.

QUALIFICATIONS: Minimum qualifications for the position are:

- Must be a citizen of the United States
- Must have reached 21st birthday at time of appointment
- Must possess a valid Michigan Driver's License at the time of application
- Must possess a minimum of an Associates Degree from an accredited college
  (Bachelors degree and/or additional law enforcement training/certifications are preferred)
- Ability to pass an extensive background check
- Ability to perform the essential job functions of a police officer
- Ability to successfully complete a physical and psychological examination
- Must be either certified or certifiable "police officer" by M.C.O.L.E.S.
  (A minimum of two years of prior experience as a certified police officer in a municipal environment, or a demonstrated equivalent in additional education and/or public safety employment is required)
- Ability to successfully complete all phases of the selection process

SALARY: Starting salary is $38,188.00 plus excellent benefits.

RESIDENCY: The Hamburg Township Police Officers bargaining agreement requires residency within (25) mile radius of Hamburg Township boundaries.

Hamburg Township is a local government unit located in Livingston County, Michigan and is an EEO employer.

Please submit application and resume to:

Chief of Police
Hamburg Township Police Department
P.O. Box 157
Hamburg, MI 48139

Applications are available at http://www.hamburg.mi.us(and also attached to this file) and will be accepted until the position is filled.

POSTED 03/22/2010

HAMBURG TOWNSHIP

Application for Employment

P. O. Box 157 ♦ Hamburg, Michigan 48139 ♦ (810) 231-1000

Name (Last) (First) (Middle)			Social Security Number
Address (Street) (City) (State) (Zip)			Home Telephone Number (_____)_____
Are you at least 18 years old?	Daytime Telephone Number: ( )		
Type of position desired:	Date available for work:	Salary Expected: $	
Do you have a valid Michigan Driver's License?	License Number:		

Education

High School/College (List last attended first)	Address	Years Attended/Course Studied	Degree Received

Military Service	From	To

Additional Skills/Training/Licenses Not Listed Above	From	To

Hamburg Township is committed to EOE in all our personnel practices and prohibits discrimination on grounds of race, color, religion, sex, national origin, age, or physical or mental handicap. Information provided by you on this application form, will be used solely for purposes of assessing your qualifications for potential employment.

Employment History

Provide the following information for your current and past employers, assignments or volunteer activities, starting with the most recent. (Use additional sheets if necessary.) Explain any gaps in employment in the comments section below.

Employer	Address (Street) (City) (State) (Zip)	
Supervisor's Name & Title	Your Position	Work Phone Number (_____)_____
Employment Dates From: To:	Reason for Leaving	

Describe Your Duties: _____

Employer	Address (Street) (City) (State) (Zip)	
Supervisor's Name & Title	Your Position	Work Phone Number (_____)_____
Employment Dates From: To:	Reason for Leaving	

Describe Your Duties: _____

Employer	Address (Street) (City) (State) (Zip)	
Supervisor's Name & Title	Your Position	Work Phone Number (_____)_____
Employment Dates From: To:	Reason for Leaving	

Describe Your Duties: _____

Employer	Address (Street) (City) (State) (Zip)	
Supervisor's Name & Title	Your Position	Work Phone Number (_____)_____
Employment Dates From: To:	Reason for Leaving	

Describe Your Duties: _____

Comments (Including explanation of any employment gaps):

_____

References

Give the names of at least three business/work references, who are not related to you and are not previous supervisors whom we may contact. If not applicable, list three school or personal references who are not related to you.

Name	Address (Street) (City) (State) (Zip)	
Occupation	Daytime Phone Number	Relationship & Years Known

Name	Address (Street) (City) (State) (Zip)	
Occupation	Daytime Phone Number ( )	Relationship & Years Known

Name	Address (Street) (City) (State) (Zip)	
Occupation	Daytime Phone Number ( )	Relationship & Years Known

Additional Information

List professional, trade, business, or civic associations and any offices held. Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status.

Organization	Offices Held

List any additional information you would like us to consider: _____

_____

_____

_____

_____

_____

Have you ever been convicted of a crime? If so, when, where and nature of offense? Convictions will not necessarily disqualify you from employment but will be considered in relation to the position for which you are applying. _____

_____

_____

_____

_____

Are there any felony charges pending against you? If yes, please explain. _____

_____

_____

_____

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for denying employment or immediate discharge from the employer's service, whenever it is discovered.

I understand it is the Township's policy to adhere to all provisions of the ADA and the Rehabilitation Act of 1973.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date ____/____/____

HAMBURG TOWNSHIP
P. O. Box 157
Hamburg, Michigan 48139
(810) 231-1000

Authorization and Understanding

Upon the signing of the *Authorization and Understanding*, I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I authorize you to verify any of the information concerning my employment, education, training, credentials, driver's license, and criminal history with the appropriate individuals, companies, institutions, or agencies. I authorize them to release such information as you require, including my prior disciplinary employment record. I hereby release you and them from any liability whatsoever as a result of such inquiries and disclosures.

I agree that any false information in support of my application may subject me to dismissal at any time during the period of my employment.

In the event of an offer of employment, I understand that I may be required to take a drug screen test.

In the event of employment, I agree I shall be bound by the rules, policies, and regulations of Hamburg Township, Livingston County, and the State of Michigan.

In the event of employment, I authorize Hamburg Township to release such information as a prospective employer may require, including my prior disciplinary employment record. I hereby release you and them from any liability whatsoever as a result of such inquiries and disclosures.

_____

Signature Date