



City of St. Clair Department of Police

Donovon Ennis
Chief of Police

City of St. Clair Police Department - Full Time Job Opening

The City of St. Clair is seeking qualified candidates for the position of Police Officer. The St. Clair Police Department is a professional law enforcement agency committed to community service, integrity, and public safety. We offer competitive wages, excellent benefits, and a strong labor agreement with the Police Officers Labor Council.

Under the supervision of the Chief of Police and command staff, Police Officers perform a full range of law enforcement duties, including patrol, investigations, community policing, traffic enforcement, emergency response, and related public safety services.

Minimum Qualifications:

- Must meet Michigan Commission on Law Enforcement Standards (MCOLES) requirements.
- Valid Michigan driver's license.
- Ability to successfully complete the field training program.
- Ability to pass background investigation, medical exam, and psychological evaluation.

Full-Time Wage and Benefits:

- Hourly Rate Schedule: Starting: \$24.90/hour - \$33.18/hour after five years of service
- *Lateral entry pay consideration available for candidates with prior police service.*
- Shift Schedule - 12-hour patrol shifts: every other weekend off
- Shift Premium for afternoon and midnight shifts
- 11 Paid Holidays annually
- Health Insurance Blue Cross/Blue Shield PPO medical coverage/Optional MESSA coverage available. Health Insurance Opt-Out Incentive (50% of single subscriber rate)
- Retirement & Post-Employment Benefits - MERS Retirement System, Healthcare Savings Program contributions for eligible employees
- Personal Leave: 24 hours per year
- Sick Leave: 96 hours per year (8 hours/month)
- \$450 annual uniform allowance
- Employer-paid life insurance (up to \$50,000)
- Annual education bonus
- Fitness time/Membership
- Facial hair and tattoos allowed
- Opportunities for advanced training, including evidence tech., firearms, defensive tactics and other instructor certifications.

Please complete the attached application and return it to the City of St. Clair Police Department at 547 N Carney Dr., St. Clair, MI 48079, or email it to dennis@cityofstclair.com.

The City of St. Clair is an Equal Opportunity Provider and Employer.

547 N Carney Dr St. Clair MI 48079

City of St. Clair

Application For Employment

The City of St. Clair 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, veteran status, handicap, or any other protected category.

YOU MUST ANSWER ALL QUESTIONS COMPLETELY. FAILURE TO DO SO WILL RESULT IN REJECTION OF YOUR APPLICATION AND YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT.

Position(s) Applied for: _____
Full time
Part time
Seasonal

Name _____
Last
First
Middle Initial

Address _____
Number & Street
City
State
Zip Code

 Telephone No. Social Security No. Drivers License No.

 Email Address

Are you a relative by birth or marriage to any current City of St. Clair elected official or employee?
Yes No

If Yes: _____
Name
Relationship

- Are you under 18 years of age? (If yes, attach work permit) Yes No
- Are you currently working? Yes No
- Are you on lay-off? Yes No
- If yes, are you subject to recall? Yes No
- Will you submit to a drug screening test? Yes No
- Have you ever been employed by the City of St. Clair? Yes No

If Yes: _____
Position
Department
Dates

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (Proof of citizenship or immigration status may be requested upon employment) Yes No

Have you ever been fired? Yes No
 If Yes, give date, where you worked and explanation: _____

Have you ever been convicted of a felony? Yes No
 If Yes, completely describe including location and date: _____

NOTE: A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation, and rehabilitation will be considered.

Are you capable of performing the activities involved in the job or occupation for which you have applied without reasonable accommodation (special assistance, equipment or other help)? (See attached job description) Yes No

If No, describe the accommodations needed to perform the job functions involved in the job or occupation for which you have applied.

EDUCATION

	High School	Vocational/ Technical	College	Graduate School
School Name, City/State				
Did you graduate? <small>(If not, number of credit hours completed)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Degree/Certificate				
Major/Minor				

Describe any specialized training, apprenticeships, internships, skills, licenses, certificates, and extra-curricular activities that pertain to the position(s) for which you are applying:

List professional, trade, business group memberships and offices held and volunteer work excluding groups the name and character of which indicate race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected class:

REFERENCES

(Do not include relatives or former employers):

Name	Address	Telephone
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MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States of America or in a State National Guard?
Yes No

If Yes, what branch? _____ Rank at discharge _____

Date of discharge _____ Were you honorably discharged? Yes No

NOTE: A dishonorable discharge from the military will not necessarily be a bar to employment.

EMPLOYMENT HISTORY

List each job held. Start with your present or last job first.

Employer	Dates		Work Performed
	From	To	
Address & Telephone No			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) For Leaving			
Employer	Dates		Work Performed
	From	To	
Address & Telephone No			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) For Leaving			
Employer	Dates		Work Performed
	From	To	
Address & Telephone No			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) For Leaving			
Employer	Dates		Work Performed
	From	To	
Address & Telephone No			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) For Leaving			

Agreement and Understanding

1. 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 _____

2. I waive written notice from my current employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel records (even if more than four years old). This waiver is made pursuant to the Bullard-Plawecki Employee Right-to Know Act.

Signature _____ Date _____

3. I authorize the references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and any pertinent information they may have (even if more than four years old) and release all parties from any liability for any damages that may result from furnishing same to you.

Signature _____ Date _____

4. I authorize the City of St. Clair to release any information (even if more than four years old) relating in any way to my employment including disciplinary reports, letters of reprimand or other notices of disciplinary action when such information is requested by any prospective or subsequent employers without any obligation (by them or you) to give me any notice of such disclosure.

Signature _____ Date _____

5. I understand that any employment offer is conditional upon the results of the drug screening test and the post offer pre-employment medical examination.

Signature _____ Date _____

6. I have read the job description. If employed, I understand that if I am or become handicapped in need of accommodations for employment, I must notify the City of St. Clair in writing within 182 days after the need is known or reasonably should have been known to me. Failure to properly notify the City will preclude any claim that the employer failed to accommodate the handicapper.

Signature _____ Date _____

**APPLICANTS FOR NON-UNION POSITIONS READ AND SIGN PARAGRAPH 7(A).
DO NOT SIGN PARAGRAPH 7(B).**

7(A). In consideration of my employment, I agree to conform to the rules and regulations of the City of St. Clair, as they may be amended or changed from time to time, and I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either the City or myself. I understand that no officer or representative of the City has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the Superintendent of the City and any such agreement must be made in writing, directed to me personally. I further acknowledge that no one has made any representations or statements to the contrary to the City's employment at-will policy or about the City's economic outlook or stability to me, either oral or in writing, and I acknowledge and understand that no one has the authority to make such representations or statements to the contrary in the future.

Signature _____

Date _____

**APPLICANTS FOR UNION POSITIONS READ AND SIGN PARAGRAPH 7(B).
DO NOT SIGN PARAGRAPH 7(A).**

7(B). In consideration of my employment, I agree to the rules and regulations of the City of St. Clair. I further acknowledge I will be on Introductory status for a minimum of six (6) months from my date of hire. As an introductory employee, I understand my employment and compensation can be terminated at any time with or without cause and with or without notice at the option of either the City or myself. I understand that no officer or representative of the City has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the Superintendent of the City and any such agreement must be made in a signed writing directed to me personally.

I further understand that after my introductory period ends, I will be subject to the terms and conditions of the collective bargaining agreement between City of St. Clair and AFSCME/POLC. I acknowledge that no one has made any representations or statements contrary to the City's introductory at-will policy to me or about the City's economic outlook or stability either orally or in writing, and I acknowledge that no one has the authority to make such representations or statements to the contrary in the future.

Signature _____

Date _____

8. I agree that any lawsuit against the City arising out of my employment or termination of employment, including but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within one year of the event giving rise to the claims or be forever barred. I waive any limitations period to the contrary.

Signature _____

Date _____

I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF EACH OF THE ABOVE EIGHT (8) INDIVIDUAL STATEMENTS, AS INDICATED ABOVE.

SIGNATURE _____

DATE _____