



City of Mt Morris Police Department

Application for Employment

Name: _____
Last First Middle

Date of Birth: ____/____/____ Email Address: _____

Address: _____
Street City State Zip

Telephone: (____) _____ - _____ Driver's Lic. #: _____ License State: _____

Are you legally eligible for employment in the United States? Yes: ☐ No: ☐ Are you over the age 18? Yes: ☐ No: ☐

Please provide any special information we may need about your name or use of another name for us to be able to check your work record and otherwise verify information given in this application:

Are any of your relatives current or former employees of Mt Morris City? Yes: ☐ No: ☐ Name: _____
Name: _____

Have you filed an application here before? Yes: ☐ No: ☐ If yes, give date(s): _____ If yes, applied for: _____

Have you ever been employed here before? Yes: ☐ No: ☐ If yes, give date(s): _____ If yes, position: _____

Are you employed now? Yes: ☐ No: ☐ May we contact your employer? Yes: ☐ No: ☐ On what date would you be available for work? _____

Are you on a lay off and subject to recall? Yes: ☐ No: ☐ Are you available to work: Full Time: Yes: ☐ No: ☐ Part Time: Yes: ☐ No: ☐ All Shifts: Yes: ☐ No: ☐

Have you ever been convicted of any crime (felony or misdemeanor) or are there any criminal charges pending against you? Yes*: ☐ No: ☐

*A yes response does not automatically disqualify a job applicant from further consideration. Each situation is evaluated relative to the job being sought. Factors such as the age and nature of the offense, and rehabilitation, will be taken into account.

If yes, please explain: _____

Have you read the position description? Yes: ☐ No: ☐ Can you perform all of the job functions of the position(s) for which you are applying, with or without a reasonable accommodation? Yes**: ☐ No: ☐

Please describe the accommodation you believe is needed, if any: _____

**The need for an accommodation does not necessarily bar employment. A determination will be made as to the effectiveness with which the accommodation will allow you to perform the essential functions of the positions and the hardship it would impose on the employer.

EDUCATION / TRAINING**High School**

Name & Location	Years Attended		Did you Graduate?	Type of Diploma
	From	To		

College / University

Name & Location	Years Attended		Did you Graduate?	Type of Degree
	From	To		

Other (Trade / Technical School)

Name & Location	Years Attended		Did you Graduate?	Type of Certificate
	From	To		

Have you completed a MCOLES Law Enforcement Basic Training Academy:

Yes:

☐

No:

☐

If YES (Name & Location):

If currently attending (Name, Location & Completion Date):

Are you a certified/ licensed Police Officer in any state?

Yes:

☐

No:

☐

If yes, which:

PERSONAL REFERENCES

List three personal references that are not related to you. Do not use former or current employers.

Name	Address	Phone #	Relationship	Length (Years)

EMPLOYMENT HISTORY

Start with most current working backwards. Please, list all previous employment. (Use a separate sheet if necessary)

Dates		Employer's Name Address & Phone	Supervisor's Name & Title	Position	Salary	
From:	To:				Beginning:	End:

Brief description of duties: _____

Reason for leaving: _____

Dates		Employer's Name Address & Phone	Supervisor's Name & Title	Position	Salary	
From:	To:				Beginning:	End:

Brief description of duties: _____

Reason for leaving: _____

Dates		Employer's Name Address & Phone	Supervisor's Name & Title	Position	Salary	
From:	To:				Beginning:	End:

Brief description of duties: _____

Reason for leaving: _____

Dates		Employer's Name Address & Phone	Supervisor's Name & Title	Position	Salary	
From:	To:				Beginning:	End:

Brief description of duties: _____

Reason for leaving: _____

EMPLOYMENT HISTORY (continued)

Start with most current working backwards. Please, list all previous employment. (Use a separate sheet if necessary)

Dates		Employer's Name Address & Phone	Supervisor's Name & Title	Position	Salary	
From:	To:				Beginning:	End:

Brief description of duties: _____

Reason for leaving: _____

Dates		Employer's Name Address & Phone	Supervisor's Name & Title	Position	Salary	
From:	To:				Beginning:	End:

Brief description of duties: _____

Reason for leaving: _____

Dates		Employer's Name Address & Phone	Supervisor's Name & Title	Position	Salary	
From:	To:				Beginning:	End:

Brief description of duties: _____

Reason for leaving: _____

Dates		Employer's Name Address & Phone	Supervisor's Name & Title	Position	Salary	
From:	To:				Beginning:	End:

Brief description of duties: _____

Reason for leaving: _____

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience, as well as, how you believe they would be of value to Mt Morris City.

Please list any additional language spoken and level of fluency for reading, writing, and speaking: _____

Indicate any special skills you possess and equipment you can use which may be related to law enforcement work.
(For example: two-way radio communications, breathalyzer, speed detection equipment, firearms, computers):

MILITARY SERVICE

If you served in the U.S. Armed Forces: Branch: _____ Rank at discharge: _____

Length of service: _____ Discharge Date: _____ Dishonorable discharge: Yes: ☐ No: ☐

Military Occupational Specialty / Air Force Specialty Codes / Navy Enlisted Classification: _____

PROFESSIONAL MEMBERSHIPS

Are you a member of any relevant professional associations? Yes: ☐ No: ☐ If yes, please list:

Name	City and State	Current	Current Position
		Yes: ☐ No: ☐	
		Yes: ☐ No: ☐	
		Yes: ☐ No: ☐	
		Yes: ☐ No: ☐	

AUTHORIZATION AND UNDERSTANDING

I certify that information given in this Application and related documentation is true and complete without qualification. I understand that Mt Morris City may investigate my work and personal history and verify all data given on this Application, on related papers, and in interviews and I authorize Mt Morris City to do the same. This inquiry may include information as to my character, general reputation and personal characteristics, and I consent to the conduct of this inquiry. I authorize all individuals, schools and employers named, except as specifically limited on this application, to provide information requested about me, and I release them from liability for damages in providing this information. I understand and acknowledge that Mt Morris City is entitled to rely on the representations made by me in the hiring process, and therefore, I understand and acknowledge that any misrepresentation or omission of fact by me can result in immediate discharge if deemed appropriate by the City.

I also understand and acknowledge that, if hired, my employment and compensation will be at the will of Mt Morris City and can be terminated, with or without cause, and with or without notice, at any time at the option of either Mt Morris City or myself. I further understand and agree that no manager, representative, agent or employee of Mt Morris City, other than its City Council, has now or has had in the past any authority to enter into any agreement which is contrary to or a modification of the above described employment relationship, and that any such agreement or representation must be in writing and signed by both myself and the City Manager of Mt Morris City in order to be effective.

Furthermore, I agree that if I become employed by Mt Morris City, then in consideration for my employment I will not commence any action, including any administrative claim or suit, against the City or its agents more than 180 calendar days after the date of the event giving rise to said action(s), including but not limited to any action which in any way relates to my employment and/or termination of my employment, and I hereby waive any statute of limitations to the contrary.

I further understand and acknowledge that, as a part of the hiring process and throughout my employment, if hired, I may be required to submit to medical/physical examinations (which may include tests for communicable diseases, drugs and/or alcohol) at the City's discretion and expense.

Applicant's Signature: _____ Date: _____

PLEASE READ

This application will only be considered for a one-year period after its receipt by Mt Morris City. Should you wish to be considered after the expiration of this period, you must reapply.

Mt Morris City is an equal opportunity employer and complies with all laws prohibiting discrimination on the basis of race, color, age, national origin, religion, citizenship, handicap, height, weight and marital status. Under the Michigan Handicapper's Civil Right Act and the Federal Americans with Disabilities Act, an employer has a legal obligation to accommodate an employee's or job applicant's handicap unless the accommodation would impose an undue hardship on the employer. A handicapper may allege a violation against an employer regarding a failure to accommodate his or her handicap under Michigan law only if the handicapper notifies the employer in writing of the need for accommodation within 182 days after the date the handicapper knew or reasonably should have known that an accommodation was needed.