

# Application for Employment



## City of Northville Police Department

215 W. Main St.  
Northville, MI. 48167  
(248) 349-5100

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify the Department at (248) 349-5100

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_ Cell /Beeper/Other: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Position(s) Applied for: \_\_\_\_\_ Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Referral Source (Please check the appropriate category and name the source)

- Walk-in \_\_\_\_\_
- Employee \_\_\_\_\_
- Advertisement \_\_\_\_\_
- Company website \_\_\_\_\_
- Other Internet \_\_\_\_\_

- School \_\_\_\_\_
- Job Fair \_\_\_\_\_
- Staffing Agency \_\_\_\_\_
- Government  
Employment Agency \_\_\_\_\_
- Other \_\_\_\_\_

If necessary, best time to call you at home is ..... AM  
PM

May we contact you at work? .....  Yes  No

If yes, work number and best time to call: AM  
(\_\_\_\_) PM

If you are under 18 and it is required, can you furnish

A work permit?.....  Yes  No

If no, please explain \_\_\_\_\_

Have you submitted an application here before?.....  Yes  No

If yes, give date(s) and position(s)  
\_\_\_\_\_

Have you ever been employed here before?.....  Yes  No

If yes, give dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you legally eligible for employment  
in this country?.....  Yes  No

Date available to work..... \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary range or hourly rate of pay?  
\$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired:  Full-Time  Part-time  
 Educational Co-Op  Seasonal  Temporary

Will you relocate if job requires it?.....  Yes  No

Will you travel if job requires it? .....  Yes  No

If they have been explained to you,  
are you able to meet the attendance  
requirements of the position?.....  N/A  Yes  No

Will you work overtime if required.....  Yes  No

If no, please explain:

Driver's license number is necessary as driving may be required in  
the job for which you are applying:

\_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded?.....  Yes  No

Answering "Yes" to the following question does not constitute an automatic  
bar to employment. Factors such as date of the offense, seriousness and  
nature of the violation, rehabilitation and position applied for will be taken into  
account.

Have you ever pled "guilty" or "no contest" to,  
or been convicted of a crime?.....  Yes  No

If yes, please provide date(s) and details:

## Employment History

Starting with your most recent employer, provide the following information:

Employer	Telephone # ( )	Dates employed: Month / Year Month / Year
Street Address	City	State
Starting Job Title/Final Job Title	<b>Compensation (Starting)</b>	
	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ Per
Immediate Supervisor and Title (For most recent held)	<b>May we contact for reference?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	<b>Compensation (Final)</b>	
	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ Per
Summarize the type of work performed and job responsibilities.		
What did you like most about the position?		
What were the things you liked least about the position?		

Employer	Telephone # ( )	Dates employed: Month / Year Month / Year
Street Address	City	State
Starting Job Title/Final Job Title	<b>Compensation (Starting)</b>	
	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ Per
Immediate Supervisor and Title (For most recent held)	<b>May we contact for reference?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	<b>Compensation (Final)</b>	
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Why did you leave?	<b>Compensation (Final)</b>	
	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ Per
Summarize the type of work performed and job responsibilities.		
What did you like most about the position?		
What were the things you liked least about the position?		

## Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job?.....  Yes  No

If yes, please explain

## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

**Computer Skills** (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing _____ Years _____	<input type="checkbox"/> Internet _____ Years _____
<input type="checkbox"/> Spreadsheet _____ Years _____	<input type="checkbox"/> Other _____ Years _____
<input type="checkbox"/> Presentation _____ Years _____	<input type="checkbox"/> Other _____ Years _____
<input type="checkbox"/> E-mail _____ Years _____	<input type="checkbox"/> Other _____ Years _____

## Educational Background

Starting with your most recent school attended, provide the following information:

School (Include City & State)	Years Completed	Completed	GPA Class Rank	Major / Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

## References

List name and telephone number of three business / work references who are *not* related to you and are *not* previous supervisors. *If* not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to you	Telephone	Number of Years Known
			( )	
			( )	
			( )	

**Related Information**

To what job related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, sex, national origin, citizenship, age, mental or physical disabilities, veteran / reserve national guard or any other similarly protected status.

Organization	Office Held

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, sex, national origin, citizenship, age, mental or physical disabilities, veteran / reserve national guard or any other similarly protected status.

In your current or prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes  No  Not applicable

If yes, please explain:

Is there any job-related information you want us to know about you?

**Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and non-defamatory information, in lawful manner, in employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves that same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by employer's department head.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_