



Operation of a vehicle is part of the position you are applying for; please complete the following:

Driver's License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_.

Issued by the State of \_\_\_\_\_ Is your license currently valid? \_\_\_\_ Yes \_\_\_\_ No

Do you have a Commercial Driver's License? \_\_\_\_ Yes \_\_\_\_ No If yes, list CDL type \_\_\_\_\_.

Have you ever been ticketed for any traffic offenses (excluding parking tickets)? \_\_\_\_ Yes \_\_\_\_ No  
If yes, fill-in the information below:

Date	Offense	Place	Disposition (e.g., paid fine, given points, etc.)

List all traffic accidents in which you have been involved (include date, location and police department).

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Have you ever been dismissed from or asked to resign from any position? \_\_\_\_ Yes \_\_\_\_ No

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

\_\_\_\_\_

Have you ever been investigated by any Law Enforcement Agency for any reason? \_\_\_\_ Yes \_\_\_\_ No  
If YES, list date, location, name and address of agency and reason for investigation:

\_\_\_\_\_

Have you ever attended any Police Agency training school? \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, list dates attended (From) \_\_\_\_\_ (To) \_\_\_\_\_.

If YES, describe training received: \_\_\_\_\_.

Have you ever made application to another Law Enforcement Agency? \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, list the date of application, name and address of agency (if you have applied to more than one, list the same requested information, for each agency, on an additional sheet.)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Current Status of Application: \_\_\_\_\_.

## EDUCATION

Type of School	School Name & Location	Degree/Certificate Received	Number of years Completed	Major	Applicable Courses	# Credit Hrs. Completed
Have you received a High School Diploma/GED Certificate? _____ Yes _____ No						
College/University (Undergraduate)						
College/University (Graduate)						
Other (specify)						

If you are still in school, please indicate here your anticipated date of graduation: \_\_\_\_\_.

Name on your transcript, if different from name shown on application: \_\_\_\_\_.

Do you possess a professional license, certificate or registration? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, complete the following: Title/Type \_\_\_\_\_ Number \_\_\_\_\_.

Issued by \_\_\_\_\_ Date Received \_\_\_\_\_ Expiration Date \_\_\_\_\_.

Have you ever had state license or certification revoked and/or suspended? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

List any course work or training which you have completed which you believe would be directly useful to you as a police officer, such as, police science, criminology, sociology, psychology, public speaking, law, etcetera.

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**NOTE:** If you have further education, or have attended other schools, colleges, correspondence or trade schools, use additional an sheet and give details.

What languages can you read and/or speak? \_\_\_\_\_

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**ACTIVITIES**

List any activities in which you have been involved which you believe reflect your interest in social service work or community affairs. Include, for example, tutoring, drug treatment or crisis work, correctional program assistance, coaching, counseling, etcetera.

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List any honors, awards, or other forms of recognition that you have received for scholarship, athletics, or other achievements.

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List any offices of leadership (elective or appointive), which you have held as part of or apart from school, including dates:

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**SPECIALIZED SKILLS (Circle Skills/Equipment Operated)**

Calculator WordPerfect Other Word Processing Software – List software brand(s): \_\_\_\_\_.

Lotus 1-2-3 Quattro Pro Other Spreadsheets Data Base Desktop Publishing Presentation. Etc.

List all names: \_\_\_\_\_.

Heavy/Light Equipment and Motor Vehicles or Other Equipment Operated (Please list)

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**ADDITIONAL INFORMATION**

Summarize special job-related skills and qualifications acquired from employment or other experience:

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**Provide copies of HIGH SCHOOL DIPLOMA OR G.E.D. SCORES, College Transcripts and Diploma, professional licenses, registrations or certificates, DD-214, if applicable. If you have a resume prepared, submit it as well.**

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**RECREATION**

List any recreational activities that you participate in:

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**EMPLOYMENT HISTORY:** List present position/most recent place of employment first (include fulltime, part-time and volunteer). List every promotion as a new job. Use additional pages, if needed. This information will be verified.

Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_

Your Job Title \_\_\_\_\_ Your Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name you were employed under if different from name shown on application \_\_\_\_\_

Worked From: \_\_\_\_\_ To: \_\_\_\_\_  
                  month            day            year            month            day            year

Nbr.hours per week \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

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Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_

Your Job Title \_\_\_\_\_ Your Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name you were employed under if different from name shown on application \_\_\_\_\_

Worked From: \_\_\_\_\_ To: \_\_\_\_\_  
                  month            day            year            month            day            year

Nbr.hours per week \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

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Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_.

Supervisor's Name & Title \_\_\_\_\_.

Your Job Title \_\_\_\_\_ Your Duties \_\_\_\_\_.

Reason for Leaving \_\_\_\_\_.

Name you were employed under if different from name shown on application. \_\_\_\_\_.

Worked From: \_\_\_\_\_ To: \_\_\_\_\_  
month day year month day year

Nbr.hours per week \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_.

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Employer \_\_\_\_\_ .Phone ( ) \_\_\_\_\_.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_.

Supervisor's Name & Title \_\_\_\_\_.

Your Job Title \_\_\_\_\_ Your Duties \_\_\_\_\_.

Reason for Leaving \_\_\_\_\_.

Name you were employed under if different from name shown on application. \_\_\_\_\_.

Worked From: \_\_\_\_\_ To: \_\_\_\_\_  
month day year month day year

Nbr.hours per week \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_.

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Employer \_\_\_\_\_ .Phone ( ) \_\_\_\_\_.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_.

Supervisor's Name & Title \_\_\_\_\_.

Your Job Title \_\_\_\_\_ Your Duties \_\_\_\_\_.

Reason for Leaving \_\_\_\_\_.

Name you were employed under if different from name shown on application. \_\_\_\_\_.

Worked From: \_\_\_\_\_ To: \_\_\_\_\_  
month day year month day year

Nbr.hours per week \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_.



**RESIDENCE RECORD**

List your last four residences, starting with your current address and working backwards, and indicate length of time lived at each:

Dates: \_\_\_\_\_ Address: \_\_\_\_\_  
(From) (To)

Dates: \_\_\_\_\_ Address: \_\_\_\_\_  
(From) (To)

Dates: \_\_\_\_\_ Address: \_\_\_\_\_  
(From) (To)

Dates: \_\_\_\_\_ Address: \_\_\_\_\_  
(From) (To)

Dates: \_\_\_\_\_ Address: \_\_\_\_\_  
(From) (To)

Dates: \_\_\_\_\_ Address: \_\_\_\_\_  
(From) (To)

**REFERENCES**

List five character references, other than employers or supervisors, whom you know well (must live within the state of Michigan). This information will be verified.

1. Name \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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2. Name \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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3. Name \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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4. Name \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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5. Name \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_



**RELEASE OF INFORMATION**

TO WHOM IT MAY CONCERN:

**Disclaimers**

- I certify that the answers and information given by me in this application are true, correct and complete without qualification. I understand that Green Oak Charter Township has the right to refuse to hire or immediately discharge me, at any time, if it discovers that I have provided incomplete, untrue, or misleading answers or information in this application or on any other documents or forms submitted at any time during my employment.
- I hereby authorize Green Oak Charter Township to verify the answers and information given by me in this application and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions, and any other third party contacted by Green Oak Charter Township to release to Green Oak Charter Township any information they have regarding me without providing written notice to me.
- I authorize Green Oak Charter Township to use any information in its possession concerning me for any purpose it deems appropriate, including disclosure of information to any third party, future employer or prospective future employer without notification to me of such disclosure, and I release Green Oak Charter Township from any liability in connection with such use or disclosure.
- If I am hired by Green Oak Charter Township, I understand and agree that I will be bound by the rules, regulations, policies, procedures, and other terms and conditions of employment of Green Oak Charter Township, as they are from time-to-time changed, with or without notice.
- If I am hired by Green Oak Charter Township, I understand that I have the right to terminate my employment at any time and for any reason, with or without notice. I further understand that Green Oak Charter Township can terminate the employment relationship at any time for any lawful reason, with or without cause, with or without notice. This employment relationship exists regardless of any other written statements or policies or any other Township document or any verbal statements to the contrary. No one except Green Oak Charter Township official representative's can enter into any kind of employment relationship or agreement which is contrary to the above. To be enforceable, any employment relationship or agreement which is contrary to the above must be in writing and personally signed by an authorized Green Oak Charter Township representative and myself.
- I agree not to file any action or claim relating to my application for or employment with Green Oak Charter Township more than six (6) months after the date of the challenged action, and **to waive any longer statute of limitations period.**

Full Name \_\_\_\_\_  
(Printed) (Signature)

Address: \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

Telephone Number: \_\_\_\_\_.

**REQUIREMENTS FOR APPLICATION**

**BE ABLE TO SUCCESSFULLY COMPLETE THE FOLLOWING EXAMINATIONS:**

**Pre-offer/pre-employment:**

- 1. Written examination(s).
- 2. An extensive background check.
- 3. Intensive oral review sessions
- 4. Fingerprinting

**Post-offer/pre-employment:**

- 1. Complete physical exam(s)
- 2. Psychological examination(s)
- 3. Negative drug screen

**READ CAREFULLY BEFORE SIGNING**

**APPLICANT UNDERSTANDINGS AND AGREEMENTS.** I certify that all answers to the aforementioned questions are true and complete to the best of my knowledge, and I agree and understand that any misstatement of material facts contained in this questionnaire and application may cause forfeiture upon my part of all rights to any employment in the service of Green Oak Charter Township, whenever they may be discovered.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)