

"Heart of the Lakes"

City of Keego Harbor

Application for Employment

Position: Police Officer

The City of Keego Harbor is an equal opportunity employer and will consider for this position all qualified applicants without regard to race, color, gender, religion, national origin, age, height, weight, marital status, veteran status, disability, or any other protected category. The city abides by all federal and state statutes concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information be used in violation of any such laws.

Any applicant may request any needed accommodation to participate in the application process. This includes, but is not necessarily limited to assistance in the completion of this application for employment.

Complete this application fully and accurately. Please use a typewriter or print legibly in ink when completing the application. **Please do not attach a resume.** The City accepts this application only.

The City of Keego Harbor will verify all information provided. If the space provided for answers is insufficient, please use a separate sheet of paper identifying the continued information by item number. The city will not accept a resume as a replacement for this application. The city will not contact a current employer until an applicant is under final consideration for the position.

PERSONAL INFORMATION:

NAME: _____ SSN: _____
Last First MI

ADDRESS: _____
No. Street City State Zip

Contact telephone no.: _____ Alternate telephone no.: _____

Are you related to a Keego Harbor city council member or the city manager? ☐ Yes ☐ No

Are you authorized to work in the US? ☐ Yes ☐ No If hired, can you provide written evidence that you are authorized to work in the US? ☐ Yes ☐ No

Is any additional information relative to a different name necessary to check your work record? If yes, please explain: _____

Do you hold a valid Michigan driver's license? ☐ Yes ☐ No If not, is there any reason to expect that you would not qualify for one? ☐ Yes ☐ No

If yes, please explain: _____

Driver's license number: _____

NOTE: In conducting a background check the city will use this information to verify your driving record. A poor driving record will disqualify you from being appointed.

EDUCATION:

High School or
Equivalent:

Name & Location _____ Major course of study _____
Graduated: ☐ Yes ☐ No ☐ GED Yr graduated/completed: _____

Vocational/
Technical School:

Name & Location _____ Major course of study _____
Graduate: ☐ Yes ☐ No Received what: _____ Yr: _____

College:

Name & Location _____ Major course of study _____
Graduate: ☐ Yes ☐ No Received what: _____ Yr: _____

NOTE: You will be expected to submit a high school diploma or GED certificate and transcripts for all post-secondary credits.

MICHIGAN COMMISSION ON LAW ENFORCEMENT STANDARDS:

Training Academy name and address: _____

Dates attended: _____

MCOLES Certification number: _____ Date issued: _____

For out-of-state applicants, attach your waiver of training letter and evidence you are MCOLES certifiable.

Identify training and education related to the police officer position that you have taken beyond the basic education noted above:

MILITARY SERVICE:

Have you had any experience in the Armed Forces or in a State National Guard? ☐ Yes ☐ No

If yes, what branch? _____ Rank at discharge: _____

Are you in the reserves? ☐ Yes ☐ No If yes, date obligation ends: _____

REMAINDER OF PAGE LEFT BLANK INTENTIONALLY

EMPLOYMENT HISTORY: List employers beginning with the most recent going back a minimum of 10-years. If you need more space, use a separate sheet of paper(s)..

Company name & address _____

Type of business: _____ Phone no: _____

Name & Title of Supervisor: _____

Dates employed (mo/yr): _____ Employment status: ☐ FT ☐ PT ☐ Seasonal

Job Title: _____ Salary (start/end): _____

Describe briefly the work performed: _____

Reason(s) for leaving: _____

Company name & address _____

Type of business: _____ Phone no: _____

Name & Title of Supervisor: _____

Dates employed (mo/yr): _____ Employment status: ☐ FT ☐ PT ☐ Seasonal

Job Title: _____ Salary (start/end): _____

Describe briefly the work performed: _____

Reason(s) for leaving: _____

Company name & address _____

Type of business: _____ Phone no: _____

Name & Title of Supervisor: _____

Dates employed (mo/yr): _____ Employment status: ☐ FT ☐ PT ☐ Seasonal

Job Title: _____ Salary (start/end): _____

Describe briefly the work performed: _____

Reason(s) for leaving: _____

OTHER INFORMATION:

Have you been convicted of a crime(s)? ☐ Yes ☐ No If answered yes, on a separate sheet of paper please describe the nature and details of the offense(s). Are there any felony charges pending against you? ☐ Yes ☐ No

AUTHORIZATION AND UNDERSTANDING

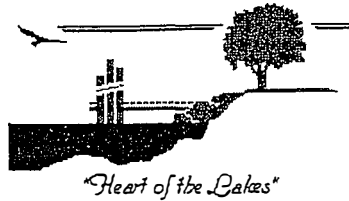
1. I acknowledge receiving a copy of the Keego Harbor job description for Police Officer. ☐ Yes ☐ No.
2. I have read the job description. I can perform the essential job functions with or without accommodation:
☐ Yes ☐ No.
3. By signing this document, I agree that all the information provided to the City of Keego Harbor in connection with me applying for the position of Police Officer is true and complete.
4. I understand the city may verify any of the information submitted or offered by me concerning but not necessarily limited to my employment, education, credit, character, general reputation, police record, driving record or medical history with the appropriate individuals, organizations or governmental agencies. I give these individuals, organizations, or governmental agencies my permission to release any information the city needs, including my previous disciplinary record, without requiring them to contact me or give me written notice before revealing the information to authorized Keego Harbor officials. This permission is given pursuant to the Bullard-Plawecki Employee Right-to-Know Act.
5. I expressly authorize the City of Keego Harbor, its officers, agents or employees to contact my current employer, when under final consideration for employment, and any of my prior employers. I release my current employer and all of those prior employers and the City of Keego Harbor, its officers, agents, or employees from all liability arising from their providing lawful or job-related information about my employment history.
6. I understand the city may not undertake any verification of my credit history or request a "consumer report" under the Fair Credit Reporting Act without an express written authorization in a separate document. By signing this document, and in the case of a consumer report under the Fair Credit Reporting Act, should I sign the separate Authorization for credit reports on me, I release the City of Keego Harbor, its officers, agents and employees and them from any liability whatsoever arising out of any lawful or job-related request, disclosure or information they provide to the City of Keego Harbor.
7. If employed by the City of Keego Harbor as a Police Officer, I agree to conform to the policies, rules and regulations of the City of Keego Harbor, as amended from time to time. I agree and understand 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 of Keego Harbor or me. I understand that only the City Council of the City of Keego Harbor has the authority to enter into an agreement for employment for any specific period, or to make any agreement contrary to the foregoing. Any such agreement must be made in writing and directed to me personally. I further acknowledge that no one has made any representations or statement to the contrary to me, either oral or in writing, and I acknowledge and understand that no one has the authority to make such representations or statement to the contrary in the future.
8. I agree that my employment is conditional upon satisfactory completion of documentation as required by the Immigration Reform and Control of 1986 and until the results of my pre-employment physical and drug screen are known and upon meeting all other requirements specific to my employment as police officer.
9. I agree that any false information in support of me applying for the position of police officer may subject me to discharge at any time during my employment.
10. I agree that a photocopy or facsimile of this statement of authorization and understanding will be as valid as an original thereof, even though said photocopy or facsimile does not contain my original signature.

I have read, checked boxes, as appropriate; understand; and agree to the terms of each of the above statements.

Signature

Date

Name Printed



APPLICANT BACKGROUND INVESTIGATION WAIVER

To Whom It May Concern:

I authorize the City of Keego Harbor Administration/Personnel Office to investigate my personal history, character, educational and training records, employment records, driving record and police records, as they may be relevant to determine my suitability for employment as a _____ with the City of Keego Harbor. I understand that such an investigation may also include a credit history check, driving record check, and criminal history check. I also authorize them to contact all references, former employers, educational institutions, and any other persons to obtain this information about me. In addition, I authorize you to release this information to them for the purpose of determining my suitability for the above stated employment or position. Please include any and all of the described information that you have available including information of a confidential or privileged nature, and photocopies of the same if requested.

I hereby release you and hold harmless your organization, its agents or others from any liability or damage which may result from furnishing the information requested.

I further stipulate that a photocopy of this waiver, when presented, holds the same validity as the originals which remain on file with the City of Keego Harbor Administration/Personnel Office.

Applicant's Signature _____ Date _____

Applicant's Printed Name _____ Date of Birth _____

Social Security Number _____ Driver's License Number _____

STATE OF MICHIGAN
COUNTY OF OAKLAND

On this _____ day of _____, 20____, before me personally appeared and he/she signed the above and stated that the signatures therein are true.

Notary Public

Date Commission Expires

Notice to the Applicant: The job for which you are being considered may require that we obtain a credit, consumer and/or investigative consumer report. Therefore, we may obtain a credit history report, a report on the status of your driving record and/or a criminal record check, in addition to checking your references. We may use any or all of these reports in making employment decisions related to this position. Further information on the nature and scope of such reports will be made available to you within 30 days of when you make a written request. Before taking any adverse employment action on the basis of any of these reports, we will provide you with a copy of the report, as well as a copy of your FTC-prescribed summary of rights under the Fair Credit Reporting Act.

WAIVER & AUTHORIZATION FOR RELEASE OF INFORMATION INSTRUCTION SHEET

The attached WAIVER & AUTHORIZATION FOR RELEASE OF INFORMATION is required for any of the following:

1. Application for employment with a law enforcement agency
2. Application for enrollment into a law enforcement academy
3. Application to the law enforcement licensing process

INSTRUCTIONS

Section A:

To be completed by the applicant of a hiring law enforcement agency, law enforcement academy or RPTE program.

Section B:

The **hiring law enforcement agency or the enrolling academy** must place **their own** agency's name in the blank space provided.

- Section B must be signed and dated by the applicant.
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Section C:

The **hiring law enforcement agency requesting information** must enter **their agency's name** in the blank space provided.

- Section C must be signed and dated by an applicant who is currently or has previously been licensed.
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Michigan Commission on Law Enforcement Standards
927 Centennial Way, PO Box 30633, Lansing, MI 48909
517-636-7864

WAIVER & AUTHORIZATION FOR RELEASE OF INFORMATION

Sections A & B to be completed by all applicants (non-licensed, currently licensed, or previously licensed law enforcement officers)

Section A - Type or print only:

Last Name:	First Name:	Middle Name:	Suffix (Jr, Sr, III):	
Social Security No.*:	Date of Birth:	Phone No.:	Gender [†] :	Race [‡] :
Residence Address (Street, City, State, Zip):			Highest Degree:	
Drivers License No.:	Issuing State:	E-Mail:		

Section B – Authorization for release of information:

I hereby authorize any individual, agency or organization to furnish to the Michigan Commission on Law Enforcement Standards, the _____¹, their representatives and/or agents (including, but not limited to, academies or contractors) any and all information pertaining to my background and ability to comply with the standards for selection, employment, training and licensing as a law enforcement officer. Such information includes, but is not necessarily limited to: employment, criminal, academic, military, and personal histories; academic, attendance, and driving records; and medical records (includes medical/psychological, including diagnosis and prognosis, if any).

I hereby authorize any individual, agency or organization to release such information upon request. This authorization is executed with the full knowledge and understanding that the information is for official use by the Michigan Commission on Law Enforcement Standards and the _____¹.

Further, I hereby authorize the Michigan Commission on Law Enforcement Standards to release any and all records collected pursuant to this authorization to any individual, agency or organization for the legitimate purposes of fulfilling the Commission's statutory and administrative objectives.

I hereby release any individual, agency or organization, including its officers, employees and related personnel, both individually and collectively, from any and all damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it.

This Authorization shall continue in effect until revoked by me in writing. A photostatic copy of this Authorization shall have the same force as the original.

Applicant Signature:	Today's Date:
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*****Section C to be completed by current or previously licensed law enforcement officers only*****

Section C – Former Michigan employing law enforcement agency authorization:

I hereby authorize any and all of my former employing Michigan law enforcement agencies to provide the _____¹, with a copy of the record regarding the reason or reasons for, and circumstances surrounding, my separation of service created by any former employing law enforcement agency or agencies. **(Under 2017 PA 128, MCL§28.561, et seq. a hiring law enforcement agency shall not hire a law enforcement officer unless the hiring law enforcement agency receives the record regarding the reason or reasons for, and circumstances surrounding, a separation of service from each prior employing law enforcement agency.)**

Applicant signature:	Today's Date:
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AUTHORITY: 1965 PA 203; 2017 PA 128
COMPLIANCE: Voluntary
PENALTY: No License Activation/ Employment/
Academy Enrollment

* This information is confidential.
Confidential information is protected
by the Federal Privacy Act.

[‡] This information is for
the purposes of EEO
reporting only.

¹ Type or print the name of the hiring law enforcement agency or the enrolling academy.