

Application for Employment

Please Print

Equal access to programs, services and employment opportunities is available to all persons without regard to race, religion, color, sex (including pregnancy, sexual orientation, and gender identity), age, national origin, disability, marital status, height, weight, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Name _____ Applicant ID # _____
Last First Middle

Address _____
Street City State ZIP Code

Telephone # () _____ Cellular/Other Phone # () _____ E-mail Address _____

Position(s) applied for _____ Date of application ____/____/____

Referral Source (e.g., Walk-in, Job Posting, Company's Website, etc.) _____

If necessary, best time to call you is _____ : _____
 Home Cellular/Other

May we contact you at work? _____ Yes No

If yes, work number and best time to call:
() _____ : _____

If you are under 18 and it is required, can you furnish a work permit? _____ N/A 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 ____/____/____

Is this application a request for reemployment following an extended military leave of absence from this company? Yes No

If yes, additional information may be requested.

Are you lawfully authorized to work in the United States? Yes No

Date available for 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: _____

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond

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

_____ State _____

Have you ever been bonded? _____ Yes No

Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime? NOTE: Answering "yes" to this 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. Yes No

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

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? Yes No

If yes, please explain: _____

Employment History

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

Employer	Telephone # ()		Dates employed: Month / Year to Month / Year		
Street address	City	State	Compensation (Starting)		
Starting job title/final job title			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ per
Immediate supervisor and title (for most recent position held)			Commission/Bonus/Other Compensation \$		
Why did you leave?			Compensation (Final)		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ per
E-mail:			Commission/Bonus/Other Compensation \$		
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					
What were the things you liked least about the position?					

Employer	Telephone # ()		Dates employed: Month / Year to Month / Year		
Street address	City	State	Compensation (Starting)		
Starting job title/final job title			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ per
Immediate supervisor and title (for most recent position held)			Commission/Bonus/Other Compensation \$		
Why did you leave?			Compensation (Final)		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ per
E-mail:			Commission/Bonus/Other Compensation \$		
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Why did you leave?			Compensation (Final)		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ per
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E-mail:			Commission/Bonus/Other Compensation \$		
Summarize the type of work performed and job responsibilities.					
What did you like most about your 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, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (Include software titles and level of experience, such as basic, intermediate, or advanced.)

Word Processing _____ Level: _____ Internet _____ Level: _____

Spreadsheet _____ Level: _____ Other _____ Level: _____

Presentation _____ Level: _____ Other _____ Level: _____

E-mail _____ Level: _____ Other _____ Level: _____

Educational Background

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

School (include City and State)	# of 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 names and telephone numbers 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	E-mail	# of Years Known
			()		
			()		
			()		

Related Information

When answering these questions, please exclude any information that would reveal race, religion, color, sex (including pregnancy, sexual orientation, and gender identity), age, national origin, disability, marital status, height, weight, genetic information, or other similarly protected status.

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

List special accomplishments, publications, awards, etc. _____

List any relevant volunteer work. _____

Is there any other 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, resumé, 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 a lawful manner, in the 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 60 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 the 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 the employer's president.

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 reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her race, religion, color, sex (including pregnancy, sexual orientation, and gender identity), age, national origin, disability, marital status, height, weight, genetic information, or any other protected status under applicable federal, state, or local law.

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 ____/____/____



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Hillsdale City Police Department
97 North Broad Street
Hillsdale, MI 49242

Personal Injury Waiver & Authority for Release of Information

Applicant's Name _____
Date/Place of birth _____
Soc. Sec. # _____

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION
PLEASE READ CAREFULLY

We welcome your application with the Hillsdale City Police Department. We require, as a condition of employment, that all applicants consent to and authorize a pre-employment verification of the background information submitted on their application, assessment questionnaire, and personal background questionnaire.

This release and authorization acknowledges that the Hillsdale City Police Department may now, or at any time while you are employed, conduct a verification of your education, financial records, previous employment/work history, contact personal references, motor vehicle records, and to receive any criminal history record information pertaining to you which may be in the files of any Federal, State or local criminal justice agency in Michigan or any other states and/or other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment eligibility under the department's employment policies. All results will be proprietary and will be kept confidential.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for dismissal.

I have read and understand this release and consent and authorize the background verification. I authorize persons, schools, current and former employers, financial or credit institutions, and other organizations and agencies to provide the Hillsdale City Police Department with all information requested and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that a copy of this document is as valid as the original.

I do hereby agree to forever release and discharge the Hillsdale City Police Department and their associates to the full extent permitted by law from any claims, damages, losses, and expenses, or another charge or complaint filed with the agency arising from the retrieving and reporting of information and acknowledge notice of right to receive a copy upon written request.

Applicant's Signature

Date

Address

MUST BE NOTARIZED BEFORE RETURNING QUESTIONNAIRE
AFFIDAVIT

State of _____

County of _____

Before me personally appeared the said _____ who says that he/she executed the above instrument of his/her own free will and accord, and with full knowledge of the purpose thereof.

(Signature of Notary Public)

Sworn and subscribed in my presence this
_____ day of _____, 20____.
My commission expires _____