

Application for Employment



Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State Zip Code

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

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

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

- | | |
|--|---|
| <input type="checkbox"/> Walk-in _____ | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Employee _____ | <input type="checkbox"/> Job Fair _____ |
| <input type="checkbox"/> Advertisement _____ | <input type="checkbox"/> Staffing Agency _____ |
| <input type="checkbox"/> Company's Website _____ | <input type="checkbox"/> Government Employment Agency _____ |
| <input type="checkbox"/> Other Internet _____ | <input type="checkbox"/> 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 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

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	to	Month / Year
Street address	City	Compensation (Starting)			
Starting job title/final job title	State	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)			
Why did you leave?		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
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	Compensation (Starting)			
Starting job title/final job title	State	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)			
Why did you leave?		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
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	Compensation (Starting)			
Starting job title/final job title	State	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)			
Why did you leave?		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
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	Compensation (Starting)			
Starting job title/final job title	State	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)			
Why did you leave?		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
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, 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, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

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

In your current or a 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 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 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 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 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 ____/____/____

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.

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

My commission expires _____

(Signature of Notary Public)