

NOTICE

POLICE OFFICER APPLICANTS

To apply for the POLICE OFFICER position, we must have the following **at the time of application**:

1. Completed Northfield Township Police Officer Application Form
2. Photocopy of Michigan Driver's License
3. Copy of College Transcripts
4. Copy of Police Officer Certification from State of Michigan
OR
Proof of current enrollment in Police Academy
5. Copy of certification of successful completion of MCOLES Reading and Writing Skills Examination and Physical Skills Performance Test.

NORTHFIELD TOWNSHIP POLICE DEPARTMENT APPLICATION

| | | |
|---------------------------|--------------------------|---|
| Position you are seeking: | | |
| | Full-Time Police Officer | (Must be M.C.O.L.E.S. Certified or Certifiable) |
| | Part-Time Police Officer | (Must be M.C.O.L.E.S. Certified or Certifiable) |
| | Reserve Police Officer | (Non-Certified Position) |
| | Clerk/Dispatcher | (Non-Certified Position) |

| | | | | | |
|--------------------------|-------------------------------|-------------------------------|--------------|-------------------------|--------------------------|
| FULL NAME | | | | DATE OF BIRTH | |
| CURRENT ADDRESS | | | | | YEARS AT CURRENT ADDRESS |
| SOCIAL SECURITY NUMBER | | HEIGHT | WEIGHT | DRIVER'S LICENSE NUMBER | |
| U.S. CITIZEN (YES OR NO) | PLACE OF BIRTH (City & State) | IF NATURALIZED CITIZEN -DATE? | | LOCATION | CERTIFICATION NUMBER |
| HOME PHONE NUMBER | | WORK PHONE NUMBER | PAGER NUMBER | CELLULAR PHONE NUMBER | |

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|---|--|
| IF LESS THAN SIX (6) MONTHS AT CURRENT ADDRESS, LIST PREVIOUS ADDRESS(ES) BELOW | |
| DATE (From-To) | ADDRESS (Street and Number, City, State, Zip) |
| | |
| | |

| LIST LAST THREE (3) SCHOOLS ATTENDED, <i>STARTING WITH LAST ONE.</i> | | | | | |
|--|-----------------------|----------------|----------------|-------|-------|
| SCHOOL | NO OF YEARS COMPLETED | DEGREE/DIPLOMA | GPA CLASS RANK | MAJOR | MINOR |
| | | | | | |
| | | | | | |
| | | | | | |

| HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES, INCLUDING GUARD OR RESERVE? YES OR NO: If yes, indicate below all military service. | | | | | |
|--|------------|--------|-------------------|--------------|-------------------|
| DATE | | BRANCH | HIGHEST RANK HELD | PRIMARY DUTY | TYPE OF DISCHARGE |
| FROM (mo/yr) | TO (mo/yr) | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

LIST YOUR LAST TWO (2) EMPLOYERS, STARTING WITH YOUR MOST RECENT/CURRENT.

| NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP CODE) | PHONE NUMBER | SUPERVISORS NAME | FROM & TO (MO/YR) | POSITION & TYPE OF REPORT | REASON FOR LEAVING |
|--|--------------|------------------|-------------------|---------------------------|--------------------|
| 1. | | | | | |
| | | | | | |
| | | | | | |
| 2. | | | | | |
| | | | | | |
| | | | | | |

Were you ever DISCHARGED or ASKED TO RESIGN from any employment?

YES NO If yes, give details of discharge or forced resignations on an attached piece of paper.
 Include Employer, Employer's Address, Date, and Reason for Discharge.

Have you ever been arrested, detained, or taken into custody by a Federal, State, or Local Law Enforcement agency in the United States or any Foreign land as a juvenile, or as in an adult, for any criminal charge or civil law-related offense?

YES NO If yes, explain in detail, listing date(s), agencies involved, charge, disposition and Sentence on an attached piece of paper.

AFFIDAVIT

Application must be signed in front of a Notary Public:

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|-----------------------|
| Applicant's signature |
|-----------------------|

On this _____ day of _____ 20__
 Before me personally appeared

| |
|--------------------------------|
| Print applicant's name in full |
|--------------------------------|

who, being duly sworn, deposes and affirms (s)he has read the forgoing and subscribes that (s)he understands the contents thereof that the information written by the applicant is true to the best of the applicant's knowledge and belief. The applicant is also aware and understands that any material misrepresentation of fact given by the applicant shall be cause for rejection before appointment or dismissal from the department after appointment.

| | |
|---------------|-----------------------|
| Notary Public | My Commission Expires |
|---------------|-----------------------|

AUTHORITY TO RELEASE INFORMATION

| | | | |
|----------------------------------|------------------------|-------------------------|-------|
| NAME: Last | First | Middle | |
| Other Names (AKA's, maiden name) | | | |
| Date of Birth | Social Security Number | Driver's License Number | State |

I, _____, do hereby authorize a full disclosure of all records, or any part thereof, concerning myself, to any duly authorized agent of the Northfield Township Police Department whether the said records are of public, private, or confidential nature.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that the information furnished will only be used by the Northfield Township Police Department for employment purposes.

The intent of this authorization is to give my consent for the full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies, insurance companies, rental agents and landlords; employment and pre-employment records, including background reports, efficiency ratings, internal investigations, complaints or grievances filed by or against me, and salary records; income, real and personal property tax statements and records, and other financial statements and records wherever filed. I also authorize the release of records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records, as well as records that have been sealed, expunged, set aside, or filed under the Holmes Youthful Trainee Act, including records of complaint of a civil nature made by or against me, wheresoever located, and to include records and recollections of attorneys at law, or of other counsel, whether representing another person in any case in which I presently have, or have had an interest.

I understand that the intent of this authorization is to provide full access to my background and personal history for the specific purpose of a background investigation to provide data to the Northfield Township Police Department to determine my suitability for employment by that department. It is my specific intent to provide access to information, whether personal or confidential.

I understand that any information obtained by personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Northfield Township Police Department. I understand that all materials and information pertaining to this background investigation become the property of the Northfield Township Police Department and will not be returned or disclosed to me. I understand that the information you release is for official use by the Northfield Township Police Department; and may be re-disclosed to a third party if said party has a Release authorized by me or as provided by law.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. This authorization shall continue in effect until revoked by me in writing. Should there be any question as to the validity of this Release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed below. I further understand that in the event that my application is disapproved, all information including confidential information and confidential sources shall not be revealed to me.

A photocopy of this Release form will be valid as an original, even though the said photocopy does not contain original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

| | | |
|--|------------------------|------------------|
| | SIGNATURE OF APPLICANT | DATE |
| Current Address | | |
| | | |
| Subscribed and sworn before me on this _____ day of _____ 20____ | My Commission Expires | Telephone Number |
| Notary | | |