

NORTHFIELD TOWNSHIP POLICE DEPARTMENT

BACKGROUND PACKET

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	

RESIDENCE HISTORY

LIST ALL OF YOUR RESIDENCES AS BEST AS YOU CAN REMEMBER DURING THE LAST 10 YEARS. BEGIN WITH YOUR CURRENT ADDRESS.

ADDRESS	CITY, STATE ZIP CODE	FROM MO/YR	TO MO/YR	IF RENTED, NAME AND PHONE NUMBER OF LANDLORD

LIST FOREIGN LANDS VISITED

COUNTRY	FROM MO/YR	TO MO/YR	REASON (Vacation, Relative, School, etc.)

EDUCATION

Did you graduate and receive a high school diploma?

YES

NO

If not, do you have a high school equivalency certificate?

YES

NO

If yes, who issued the certificate? _____

Date issued: _____

If you attended college, what was your major? _____

Minor: _____

Have you had any Law Enforcement training?

NO

YES

If yes, give details:

HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM ANY HIGH SCHOOL OR POST SECONDARY SCHOOL? (POST SECONDARY SCHOOL INCLUDES COLLEGES AND UNIVERSITIES, GRADUATE SCHOOLS, BUSINESS AND VOCATIONAL SCHOOLS – ANY FORMAL EDUCATION BEYOND THE HIGH SCHOOL LEVEL).

YES

NO

If YES, please explain (include school, date and circumstances)

LIST BELOW ALL THE SCHOOLS YOU HAVE ATTENDED, BEGINNING WITH HIGH SCHOOL.

FROM MO/YR	TO MO/YR	NAME OF SCHOOL	LOCATION OF SCHOOL (CITY AND STATE)	COURSE	DIPLOMA/DEGREE, Or CREDIT HOURS

MILITARY SERVICE

HAVE YOU EVER SERVED IN THE ARMED FORCES, NATIONAL GUARD OR MILITARY RESERVES?			
<input type="checkbox"/> YES		<input type="checkbox"/> NO	
If "YES" please supply the following information:			
<input type="checkbox"/> Active Military Service		<input type="checkbox"/> Reserves	
		<input type="checkbox"/> Highest Rank _____	
Branch of Service	Service Number	Date of Service: From: Mo/Yr _____ To: Mo/Yr _____	Type of Discharge
DESCRIBE YOUR DUTY ASSIGNMENT:			
ARE YOU <u>CURRENTLY</u> PARTICIPATING IN ANY MILITARY RESERVE OR NATIONAL GUARD PROGRAM?			
<input type="checkbox"/> YES		<input type="checkbox"/> NO	
If "YES", current rank: _____			
HAVE YOU EVER BEEN THE SUBJECT OF ANY JUDICIAL OR NON-JUDICIAL DISCIPLINARY ACTION WHILE IN THE MILITARY, NATIONAL GUARD, OR MILITARY RESERVES?			
<input type="checkbox"/> YES		<input type="checkbox"/> NO	
If "YES", please give details (and include branch of service, when, where, and circumstances)			

EMPLOYMENT (CONTINUED)

ARE YOU NOW ENGAGED IN ANY BUSINESS AS AN OWNER, SHAREHOLDER OR PARTNER (ACTIVE OR SILENT)?

YES NO If "YES", give details, position(s), dates, and agencies:

HAVE YOU EVER BEEN OFFERED A POSITION REQUIRING PEACE OFFICER POWERS?

YES NO If "YES", please give details (include when, name of agency, circumstances)

ARE YOU A GRADUATE OF A MICHIGAN COMMISSION ON LAW ENFORCEMENT STANDARDS ACCREDITED POLICE ACADEMY?

YES NO If "YES", list location: _____

Dates attended: _____

ARE YOU A GRADUATE OF A POLICE RESERVE OFFICER ACADEMY?

YES NO If "YES", list location: _____

Dates Attended: _____

HAVE YOU APPLIED TO OTHER POLICE DEPARTMENTS IN THE PAST?

YES NO If "YES" list each agency and what phase of the process you are in.

HAVE YOU EVER BEEN A LAW ENFORCEMENT OFFICER IN ANOTHER JURISDICTION?

YES NO If "YES" list agencies.

EMPLOYMENT (CONTINUED)

HAVE YOU EVER APPLIED/WORKED WITH THIS DEPARTMENT IN THE PAST?

YES

NO

If "YES", list date applied or started work, and in what capacity

WERE YOU EVER BEEN SUED FOR ACTIONS ARISING FROM YOUR DUTIES?

YES

NO

If "YES", explain in detail.

HAVE YOU EVER BEEN THE SUBJECT OF AN INTERNAL AFFAIRS INVESTIGATION OR INQUIRY?

YES

NO

If "YES", explain in detail.

WERE YOU EVER THE SUBJECT OF A CITIZEN COMPLAINT?

YES

NO

If "YES", explain in detail.

WERE YOU EVER THE SUBJECT OF A CIVIL RIGHTS INVESTIGATION?

YES

NO

If "YES", explain in detail.

LEGAL

IF YOU HAVE EVER BEEN ARRESTED, GIVEN A CITATION (OTHER THAN TRAFFIC), ACCUSED OF BREAKING A LAW, TAKEN INTO A POLICE STATION FOR INVESTIGATION OR FINGERPRINTED BECAUSE OF SUSPICION IN ANY PLACE, AT ANY TIME IN YOUR LIFE, EITHER AS AN ADULT OR JUVENILE, PLEASE GIVE THE FOLLOWING INFORMATION. (INCLUDE WHILE IN THE MILITARY AND/OR OVERSEAS.)

DATE	POLICE AGENCY	CHARGE(S)	DISPOSITION

LIST ALL INCIDENTS IN WHICH YOU ARE/WERE A COMPLAINANT OR WITNESS IN A CRIMINAL CASE (EXCEPT AS LISTED ABOVE); INCLUDE ADMINISTRATIVE HEARINGS OR INVESTIGATIVE HEARINGS BY A CITY, STATE, FEDERAL AGENCY, OR GRAND JURY.

DATE	LOCATION (CITY, STATE)	COURT OR INVESTIGATIVE BODY	WHO WAS THE DEFENDANT? PURPOSE OF THE HEARING?

HAVE YOU EVER BEEN DETAINED IN, INCARCERATED IN, OR SERVED A SENTENCE IN ANY YOUTH HOME, JAIL, PRISON, PENITENTIARY OR OTHER DETENTION FACILITY?

YES

NO

If "YES" explain in detail:

HAVE YOU EVER HAD A NON-PUBLIC RECORD DEFERRED, DISMISSED OR EXPUNGED UNDER THE PROVISIONS OF ANY OF THE FOLLOWING STATUTES?

CRIME	YES	NO
Holmes Youthful Training Act		
Controlled Substance Act		
Domestic Violence		
Parental Kidnapping		

If "YES" explain in detail:

LEGAL (Continued)

HAS ANY MEMBER OF YOUR FAMILY OR CLOSE RELATIVE EVER BEEN CONVICTED FOR ANY OFFENSE OTHER THAN TRAFFIC?

YES

NO

If "YES" give details:

ARE YOU NOW OR HAVE YOU EVER BEEN INVOLVED AS A PLAINTIFF OR DEFENDANT IN ANY CIVIL COURT ACTION? (INCLUDE DIVORCE, LANDLORD/TENANT DISPUTE)

YES

NO

If "YES" give details:

HAVE YOU EVER BEEN ACCUSED OF MAKING A FALSE POLICE REPORT OR INSURANCE CLAIM?

YES

NO

If "YES" give details:

MOTOR VEHICLE OPERATION

Operation of a motor vehicle is an integral part of the position of patrol officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

NAME UNDER WHICH LICENSE WAS GRANTED (As it appears on License)			
DRIVERS LICENSE NUMBER	STATE	EXPIRATION DATE	
LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHILCE.			
STATE	NAME UNDER WHICH LICENSE WAS GRANTED		
HAS YOUR LICENSE EVER BEEN SUSPENDED, RESTRICTED, AND/OR REVOKED? HAVE YOU EVER BEEN REFUSED A LICENSE BY ANY OTHER STATE?			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	If "YES", please give circumstances.	
LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED WITHIN THE LAST 10 YEARS.			
Nature of Violation	Location (City)	Approximate Date	Indicate Whether Fined or Action Taken on Drivers License

MOTOR VEHICLE OPERATION (Continued)

HAVE YOU BEEN INVOLVED AS A DRIVER IN A MOTOR VEHICLE ACCIDENT WITHIN THE LAST SEVEN YEARS?			
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO If "YES", give details for each accident.
DATE	LOCATION		INJURIES (YES/NO)
POLICE INVESTIGATION (YES/NO)		POLICE AGENCY NAME	CITATION RECEIVED (YES/NO)
DATE	LOCATION		INJURIES (YES/NO)
POLICE INVESTIGATION (YES/NO)		POLICE AGENCY NAME	CITATION RECEIVED (YES/NO)
DATE	LOCATION		INJURIES (YES/NO)
POLICE INVESTIGATION (YES/NO)		POLICE AGENCY NAME	CITATION RECEIVED (YES/NO)
DATE	LOCATION		INJURIES (YES/NO)
POLICE INVESTIGATION (YES/NO)		POLICE AGENCY NAME	CITATION RECEIVED (YES/NO)
DATE	LOCATION		INJURIES (YES/NO)
POLICE INVESTIGATION (YES/NO)		POLICE AGENCY NAME	CITATION RECEIVED (YES/NO)
DATE	LOCATION		INJURIES (YES/NO)
POLICE INVESTIGATION (YES/NO)		POLICE AGENCY NAME	CITATION RECEIVED (YES/NO)

MOTOR VEHICLE OPERATION (Continued)

IF THERE IS ANYTHING ELSE YOU WISH TO DISCUSS ABOUT YOUR DRIVING RECORD, PLEASE USE THE SPACE BELOW.

LIST AS BEST YOU CAN ALL MOTOR VEHICLES OWNED OR DRIVEN BY YOU FOR THE PAST 5 YEARS.

LICENSE NO	VEHICLE/MAKE/MODEL	VEHICLE YEAR	USED WHEN?	VEHICLE OWNER

HAVE YOU EVER HAD YOUR MOTOR VEHICLE REGISTRATION CONFISCATED?

YES

NO

If "YES", please give details.

--

DO YOU NOW HAVE ANY UNPAID SUMMONSES OUTSTANDING AGAINST YOU FOR PARKING OR ANY OTHER VIOLATION IN THE USE OF A MOTOR VEHICLE?

YES

NO

If "YES", please give details.

--

FINANCIAL (Continued)

ADDITIONAL INFORMATION	YES	NO
HAVE YOU EVER FILED FOR OR DECLARED BANKRUPTCY?		
HAVE ANY OF YOUR BILLS EVER BEEN TURNED OVER TO A COLLECTION AGENCY?		
HAVE YOU EVER HAD PURCHASED GOODS REPOSSESSED?		
IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE DETAILS.		
LIST ANY INCOME OTHER THAN THAT NOTED UNDER CURRENT EMPLOYMENT.		
Second Job _____		
Military Reserve _____		
Alimony _____		
Other (Specify) _____		
HAVE YOUR WAGES EVER BEEN GARNISHED?		
<input type="checkbox"/> YES <input type="checkbox"/> NO If "YES" please give details. (Include when, where, why.		

REFERENCES

LIST AS REFERENCES THREE (3) INDIVIDUALS WHO HAVE KNOWLEDGE OF YOU AND YOUR QUALIFICATIONS. EXCLUDE RELATIVES, FORMER EMPLOYERS, OR TEACHERS.

NAME		
HOME OR WORK ADDRESS (Include City, State, Zip code)		SPECIFY HOME, WORK, OTHER
TELEPHONE NUMBER:		

NAME		
HOME OR WORK ADDRESS (Include City, State, Zip code)		SPECIFY HOME, WORK, OTHER
TELEPHONE NUMBER:		

NAME		
HOME OR WORK ADDRESS (Include City, State, Zip code)		SPECIFY HOME, WORK, OTHER
TELEPHONE NUMBER:		

LIST THREE (3) INDIVIDUALS WHO ARE SOCIAL AQUAINTANCES (I.E. persons whom you have seen frequently during the past 5 years). EXCLUDE RELATIVES AND FORMER EMPLOYERS. DO NOT USE THE SAME NAMES AS LISTED ABOVE.

NAME		
HOME OR WORK ADDRESS (Include City, State, Zip code)		SPECIFY HOME, WORK, OTHER
TELEPHONE NUMBER:		

NAME		
HOME OR WORK ADDRESS (Include City, State, Zip code)		SPECIFY HOME, WORK, OTHER
TELEPHONE NUMBER:		

NAME		
HOME OR WORK ADDRESS (Include City, State, Zip code)		SPECIFY HOME, WORK, OTHER
TELEPHONE NUMBER:		

FAMILY HISTORY

PARENTS			
FATHER'S NAME			
STREET ADDRESS			
DATE OF BIRTH			
HOME PHONE		WORK PHONE	
If deceased, give date:			
MOTHER'S NAME			
MOTHER'S MAIDEN NAME			
STREET ADDRESS			
DATE OF BIRTH			
HOME PHONE		WORK PHONE	
If deceased, give date:			
STEP-FATHER'S NAME			
STREET ADDRESS			
DATE OF BIRTH			
HOME PHONE		WORK PHONE	
If deceased, give date:			
STEP-MOTHER'S NAME			
STREET ADDRESS			
DATE OF BIRTH			
HOME PHONE		WORK PHONE	
If deceased, give date:			
IF YOU WERE REARED BY PERSONS OTHER THAN YOUR PARENTS, SPECIFY AND GIVE NAMES, ADDRESSES AND TELEPHONE NUMBERS BELOW.			

FAMILY HISTORY (Continued)

BROTHER / SISTER			
NAME			
STREET ADDRESS			
DATE OF BIRTH			
HOME PHONE		WORK PHONE	
If Deceased, give date:			
NAME			
STREET ADDRESS			
DATE OF BIRTH			
HOME PHONE		WORK PHONE	
If Deceased, give date:			
NAME			
STREET ADDRESS			
DATE OF BIRTH			
HOME PHONE		WORK PHONE	
If Deceased, give date:			
<p>LIST THE NAMES AND BIRTHDATES OF ALL PERSONS, OTHER THAN LISTED ABOVE, LIVING IN YOUR PRESENT RESIDENCE, PRIOR RESIDENCE, OR TEMPORARY RESIDENCES WITHIN THE PAST 5 YEARS. LIST ONLY THOSE COLLEGE ROOM-MATES YOU HAVE LIVED WITH FOR MORE THAN TWO SEMESTERS.</p>			
NAME		ADDRESS	
PHONE NUMBER		DATE OF BIRTH	
NAME		ADDRESS	
PHONE NUMBER		DATE OF BIRTH	

MISCELLANEOUS

HAVE YOU EVER SOLD OR FURNISHED DRUGS OR NARCOTICS TO ANYONE?

YES

NO

If "YES" give details

DO YOU USE, OR HAVE YOU EVER USED, NARCOTICS, DEPRESSANTS, STIMULANTS, HALLUCINOGENS, MARIJUANA, BARBITURATES, COCAINE, HEROIN, OR ANY CONTROLLED SUBSTANCE?

YES

NO

If "YES", please explain in detail.

DO YOU USE ANY TOBACCO PRODUCTS?

YES

NO

If "YES" what type: _____

How often? _____

DO YOU CONSUME ANY ALCOHOLIC BEVERAGES?

YES

NO

If "YES":

WHAT TYPE OF BEVERAGES? _____

AVERAGE CONSUMED: Daily _____ Weekly _____ Monthly _____

HOW MANY TIMES HAVE YOU BEEN IN A FIST FIGHT?

IN THE PAST YEAR _____

IN THE PAST 5 YEARS _____

IN THE PAST 10 YEARS _____

HAVE YOU EVER INJURED ANOTHER PERSON?

YES

NO

If "YES", please explain in detail.

MISCELLANEOUS (Continued)

LIST EVERY APPLICATION YOU HAVE MADE WITH A GOVERNMENTAL OR QUASI-GOVERNMENTAL AGENCY OR AUTHORITY OTHER THAN LISTED PREVIOUSLY.

DATE	AGENCY, ADDRESS AND PHONE NUMBER	POSITION APPLIED FOR	ACCEPTED, REJECTED, ELIGIBLE FOR HIRE	REASON (IF REJECTED)

PLEASE PROVIDE INFORMATION ABOUT FINGERPRINTS PREVIOUSLY TAKEN (EXCEPT FOR THIS APPLICATION)

WHEN	WHERE	PURPOSE

ARE YOU ABLE TO PERFORM ALL THE DUTIES OF A POLICE OFFICER, INCLUDING THE TAKING OF A HUMAN LIFE?

YES NO If "NO" explain.

ARE YOU ABLE AND WILLING TO FULLY PERFORM THE DUTIES OF A POLICE OFFICER, INCLUDING WORKING ON WEEKENDS, HOLIDAYS, EVENINGS OR NIGHT SHIFTS, WEARING A UNIFORM, AND COMPLYING WITH GROOMING STANDARDS?

YES NO If "NO", explain.

MISCELLANEOUS (Continued)

HAVE YOU EVER APPLIED FOR A PERMIT TO CARRY A CONCEALED WEAPON?

YES

NO

If "YES", please provide the following information.

PERMIT GRANTED (YES, NO OR PENDING))

DATE

COUNTY PERMIT IS ISSUED THROUGH

PURPOSE

LIST ALL HANDGUNS PRESENTLY OWNED BY YOU

MAKE	MODEL	SERIAL NUMBER	CALIBER	BARREL LENGTH	REVOLVER OR SEMI-AUTO

LIST ANY CIVIC, PROFESSIONAL, OR SOCIAL ORGANIZATIONS IN WHICH YOU WERE OR ARE A MEMBER, EXCLUDING THE NAME OR CHARACTER OF WHICH INDICATES RACE, RELIGION, SEX, NATIONAL ORIGIN, HANDICAP OR MARITAL STATUS.

ORGANIZATION NAME	MEMBER FROM / TO

LIST ANY HOBBIES, SPORTS OR ACTIVITIES IN WHICH YOU HAVE PARTICIPATED SINCE HIGH SCHOOL.

NAME	LENGTH OF PARTICIPATION	PROFICIENCY OR AWARDS

MISCELLANEOUS (Continued)

PLEASE LIST ANY ADDITIONAL SKILLS OR SPECIAL QUALIFICATIONS. (I.E. Pilot, radio operator, sign language, etc.)

LIST ANY SPECIAL ACCOMPLISHMENTS, PUBLICATIONS OR AWARDS. (Exclude information which would reveal sex, race, religion, national origin, age, handicap or other protected status.)

AFFIDAVIT

Applicant must sign in front of a Notary Public:

Applicant's signature

County of

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 foregoing background packet subscribed; 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, and that (s)he has been informed 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
---------------	-----------------------

Place Notary Seal or Stamp Here:
