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 Drivers 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	ı you are s	eeking:									
	Full-Time Police Officer				(N	(Must be M.C.O.L.E.S. Certified or Certifiable)					
	Part-Time	Part-Time Police Officer (Must be M.C.O.L.E.S. Certified or Certifiable)							or Certifiable)		
	Reserve Police Officer (Non-Certified Position)										
	Clerk/Dis	patcher			(1)	Jon-(Certified	Positio	on)		***************************************
FULL NAME									DATE OF	BIRTH	
CURRENT AI	DDRESS										ARS AT CURRENT DRESS
SOCIAL SECU	JRITY NUMBER			HEIGHT		WEIGH	IT	DRIVER'S	LICENSE NU	IMBER	***************************************
U.S. CITIZEN	(YES OR NO)	PLACE OF E	BIRTH (City &	State)	IF NATURALIZ	ZED CITIZ	ZEN -DATE?	LOCATION	v	THE STATE OF THE S	CERTIFICATION NUMBER
HOME PHON	HOME PHONE NUMBER WOL		WORK PHO	PHONE NUMBER		PAGE	AGER NUMBER		CEL	ELLULAR PHONE NUMBER	
,											
	THAN SIX	1			NT ADDRE			VIOUS A	ADDRES	SS(ES) BELOW
						· • • • • • • • • • • • • • • • • • • •	, F/				
			•								
LIST LA	ST THREE ((3) SCHC	OLS AT	TENDE	D, <i>STARTI</i> N	IG WI	TH LAST	ONE.			
SCHOOL			NO OF VEARS		EGREE/DIPLOMA		GPA CLASS RANK		MA	JOR	MINOR
		00111	ELIED								
							•				
		I							<u> </u>		
HAVE Y RESERV	OU EVER S		IN THE	UNITED			D FORCI				ARD OR
DATE	E		RANCH	NCH HIGHEST RA						TYPE OF	
FROM (mo/yr)	TO (mo/yr)	"			HELD		1	- CHIPPENCT	DO11		DISCHARGE
	1										

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					
I										
	2011 10 to 1									
- The state of the	wanter Laws son a surrena a conscient mercanic		<u> </u>							
2		\$ 1								
	V									
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
	A SECTION AND A	September 1								
W DIOCHAR	ann 4 allen ma n		1							
Were you ever DISCHAR		_								
				ations on an attached	piece of paper.					
Include Employer, Employer's Address, Date, and Reason for Discharge.										
Have you ever been arreste										
the United States or any Fo	oreign land as a juvenile	e, or as in an adult,	for any crimina	al charge or civil law	-related					
offense?										
YES NO	If yes, explain is	n detail, listing dat	e(s), agencies in	ıvolved, charge, disp	osition and					
Sentence on an attached piece of paper.										
		AFFIDAVIT	3							
Application must be signed	l in front of a Notary P	ublic:								
Applic	ant's signature									
On t		day of		2003						
	Before me personally appeared Print applicant's name in full									
1111111	spream s name in this				***************************************					
who	heing duly sworn der	ooses and affirms (s)he has read th	e forgoing and subsc	l					
und	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

Middle

First

NAME:

Last

Other Names (AKA's, maid	en name)		
Date of Birth	Social Security Number	Driver's License Number	State
ature.	of the Northfield Township Police Departme	a full disclosure of all records, or any part thereof nt whether the said records are of public, private,	or confidential
		acy Act of 1974, with regard to access and to disclosur y be used by the Northfield Township Police Departm	
nstitutions, including records of redit agencies (including credit appropriate the mployment records, including ecords; income, real and persoff records of complaint, arrest, nat have been sealed, expunged	f deposits, withdrawals and balances of checking t reports and/or ratings); public utility companies background reports, efficiency ratings, internal in nal property tax statements and records, and othe trial and/or convictions for alleged or actual violations, t, set aside, or filed under the Holmes Youthful Tat, and to include records and recollections of atto	isclosure of the records of educational institutions, final and savings accounts, and loans, and also the records insurance companies, rental agents and landlords; entire	of commercial or retail apployment and pre- ninst me, and salary so authorize the release secords, as well as records sature made by or
vestigation to provide data to		ackground and personal history for the specific purposetermine my suitability for employment by that depart	
is release authorization will b I materials and information po- turned or disclosed to me. I u	e considered in determining my suitability for emerationing to this background investigation become	stigation which is developed directly or indirectly, in value of the Northfield Township Police Department of t	nent. I understand that artment and will not be
osses and expenses, including the ffect until revoked by me in was gree to pay any and all charges	reasonable attorney's fees, arising out of or by re- riting. Should there be any question as to the val s or fees concerning this request and can be billed	nted and his agents and employees, from and against a ason of complying with this request. This authorization idity of this Release, you may contact me at the address of for such charges at the address listed below. I further information and confidential sources shall not be reveal	on shall continue in ss listed on this form. 1 r understand that in the
photocopy of this Release for	m will be valid as an original, even though the sa	aid photocopy does not contain original writing of my	signature.
AUST BE SIGNED IN T	HE PRESENCE OF A NOTARY:		
		SIGNATURE OF APPLICANT	DATE
		Current Address	- I
Outcoulted out	and an ability of the second s		
Subscribed and sworn before Notary	me on this day of 20 My Commission Expires	Telephone Number	