



CARLETON POLICE DEPARTMENT

ROY JOHNSON, CHIEF OF POLICE

1143 Monroe Avenue ♦ Carleton, Michigan 48117 ♦ Phone: (734) 654-6717 ♦ Fax: (734) 654-2061
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The Carleton Police Department requires copies of the following documentation to be submitted with all applications:

Resume
Reading/Writing Scores
Physical Agility Scores
High School Diploma
Birth Certificate
Social Security Card
Driver's License

Only applications containing all required information will be reviewed for open positions.

All applications will be kept on file for one year.

COMPANY OR EMPLOYER NAME: Carleton Police Department

POSITION APPLIED FOR: Patrolman

Employment Application

APPLICANT TELEPHONE: _____

SOCIAL SECURITY NUMBER: _____

YOUR NAME: _____
Last First Middle

ADDRESS: _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.?

Yes No (If yes, verification will be required.)

I AM SEEKING A PERMANENT POSITION: Yes No

IF NECESSARY FOR THE JOB I AM ABLE TO:

Work (which shifts)? Select: _____

Work overtime? Select: _____

Provide a valid Drivers License? Select: _____

Are you able to perform the essential functions of the position with or without accommodations?
 Yes No

IF NECESSARY FOR THE JOB, ARE YOU OVER (Please mark one) 14__ 15__ 16__ 18__ 19__ 21__

I WILL BE ABLE TO REPORT TO WORK ___ DAYS AFTER BEING NOTIFIED THAT I AM HIRED.

EDUCATION:	Yrs. Completed	Field of Study	Graduate or Degree
High School _____			
College/University _____			
Business/Technical _____			
Other (May include grammar school) _____			

MILITARY SERVICE: Yes No

Duty/Specialized Training: _____

REFERENCES: List two personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYMENT: List last employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary (following this section), or use an extra sheet of paper if necessary.

Employer Name and Address	Position Title/Duties Skills	Dates Employed from _____ to _____
_____	_____	_____
_____	_____	_____
_____	Supervisor's Name: _____ Telephone: _____	Reason for leaving _____

Employer Name and Address	Position Title/Duties Skills	Dates Employed from _____ to _____
_____	_____	_____
_____	_____	_____
_____	Supervisor's Name: _____ Telephone: _____	Reason for leaving _____

EMPLOYMENT CONTINUED...

Employer Name and Address	Position Title/Duties Skills	Dates Employed from _____ to _____
		Reason for leaving
	Supervisor's Name: _____ Telephone: _____	

Employer Name and Address	Position Title/Duties Skills	Dates Employed from _____ to _____
		Reason for leaving
	Supervisor's Name: _____ Telephone: _____	

Summarize other employment related to this job: _____

Types of computers, other electronic or mechanical equipment that you are qualified to operate or repair: _____

Typing speed: _____ per minute.

Professional Licenses, Certifications or Registrations: _____

Additional skills including supervision skills, other languages, or information regarding the career/occupation you wish to bring to the employer's attention: _____

In case of accident or illness please contact: Name: _____ Daytime phone: _____

Address: _____ Relationship: _____

Information to the applicant: As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the US, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms.

I understand and agree to the information shown above:

Signature: _____ Date: _____

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.

Employer Section: _____



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Authorization to Release Information

To determine my qualifications for employment, I authorize the Village of Carleton to conduct an investigation of my application. I authorize a review and full disclosure of all records, or any part thereof, concerning myself, whether the said records are public, private or confidential nature. I understand that any false or misleading information furnished by me on this application form, or in connection with my application for employment, may result in rejection of the application, or if employed by the Village of Carleton, in the termination of employment.

I agree to hold harmless the person to whom this request is presented and his agents, employees and related personnel, both individually and collectively, from and against all claims, damages, losses and expenses, including reasonable attorney fees arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

WAIVER It is understood and agree that the VILLAGE OF CARLETON and the CARLETON POLICE DEPARTMENT may investigate my background, to ascertain any and all information of concern to the Village of Carleton, whether the same is of record or not, and I release the VILLAGE OF CARLETON and anyone acting in its behalf from any and all claims that may arise from said investigation.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature. This authorization to release information will be valid for one year from the date on this form.

NAME: _____
(Printed) (Signature)

ADDRESS: _____

HOME PHONE: _____ DAYTIME PHONE: _____
(8:00 a.m. to 4:00 p.m.)

SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE NO.: _____ TODAY'S DATE: _____

FOR OFFICIAL USE ONLY	
Received By	Date/Time

Michigan Commission on Law Enforcement Standards
 106 West Allegan Suite 600, Lansing, MI 48909
 (517) 322-1417

**APPLICANT INFORMATION SHEET AND
 AUTHORIZATION FOR RELEASE OF INFORMATION**

Type or print only:

Name: Last:	First:	Middle:	Suffix (Jr, Sr, III):
Social Security No.*:	Date of Birth:	Gender [†] :	Race [†] :
Residence Address (Street, City, State, Zip):		Phone No.:	Highest Degree:
Drivers License No.:	Issuing State:	E-Mail:	

Authorization for release of information:

I hereby authorize any individual, agency or organization to furnish the Michigan Commission on Law Enforcement Standards, its representatives and/or agents (including, but not limited to, its academies or contractors) any and all information pertaining to my background and ability to comply with the standards for selection, employment, training and licensing as a law enforcement officer. Such information includes, but is not necessarily limited to: employment, criminal, academic, military, and personal histories; academic, attendance, and driving records; and medical records (includes medical/emotional, including diagnosis and prognosis, if any).

I hereby authorize any individual, agency or organization to release such information upon request. This authorization is executed with the full knowledge and understanding that the information is for official use by the Michigan Commission on Law Enforcement Standards.

Further, I hereby authorize the Michigan Commission on Law Enforcement Standards to release any and all records collected pursuant to this authorization to any individual, agency or organization for the legitimate purposes of fulfilling the Commission's statutory and administrative objectives.

I hereby release any individual, agency or organization, including its officers, employees and related personnel, both individually and collectively, from any and all damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it.

This Authorization shall continue in effect until revoked by me in writing. A photostatic copy of this Authorization shall have the same force as the original.

Signature:	Today's Date:
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AUTHORITY:	203 PA 1965
COMPLIANCE:	Voluntary
PENALTY:	No License Activation/ Academy Enrollment

* This information is confidential. Confidential information is protected by the Federal Privacy Act.

† This information is for the purposes of EEO reporting only.
