

Belleville Police Department

6 Main St., Belleville, Mi. 48111
Phone (734)699-2710 Fax (734)699-3767

Application for Employment

(Applicant must type or print in ink)

ATTN: CHIEF OF POLICE

6 Main Street
Belleville Michigan 48111
(734) 699-2710

POSITION APPLIED FOR _____ DATE OF APPLICATION _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP CODE:

TELEPHONE NUMBER (____) _____ SOCIAL SECURITY NUMBER _____
AREA CODE (DISCLOSURE IS VOLUNTARY PURSUANT TO FEDERAL LAW)

If necessary, best time to call you at home is _____

May we contact you at work? YES () NO ()

If yes, work number and best time to call _____

Are you at least 18 years of age? YES () NO ()

Have you filed an application here before? YES () NO ()

If yes, give date _____

Have you ever been employed here before? If yes, give dates FROM _____ TO _____

Are you legally eligible for employment in this country? YES () NO ()
(Proof of U.S. citizenship or immigration status will be required upon employment. Police & fire applicants must be U.S. Citizens)

Date available for work _____

Type of employment desired () Full Time () Temporary () Educational Co-op
() Part Time () Seasonal () Intern

Are you currently on a lay-off and subject to recall YES () NO ()

Veteran of the U.S. Military Service YES () NO ()

If yes, Branch _____ Dates of Service _____

Have you ever been convicted of any offense(s) while in the Military, National Guard or Military Reserves? YES () NO ()

Have you ever been convicted of a felony? YES () NO ()

If yes, explain _____

Driver's license number _____ State _____

The City of Belleville does not discriminate against any individual or group because of race, sex, national origin, color, marital status, handicap, disability, height or weight in employment or the provision of services.

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Educational Background

A. List last three (3) schools attended, *starting with the last one attended.*

SCHOOL	NO. OF YEARS COMPLETED	DEGREE/DIPLOMA	GPA/CLASS RANKING	MAJOR	MINOR

List any foreign language(s) and check the box that describes your skill level.

LANGUAGE	READ AND WRITE	READ AND SPEAK	READ ONLY	SPEAK ONLY

References

List name and telephone numbers 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	TELEPHONE NUMBER	YEARS KNOWN

List professional, trade, business or civic associations and any offices held (exclude memberships which would reveal sex, race, religion, national origin, age, handicap or other protected status).

ORGANIZATION	OFFICES HELD

List special accomplishments, awards, publications (exclude information which would reveal sex, race, religion, national origin, age, handicap or other protected status).

List any additional information you would like us to consider.

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Employment History

List your last three (3) employers or volunteer activities, starting with the most recent, including military experience. Explain gaps in employment in comments section below. If more space required, use back of sheet.

EMPLOYER Telephone No. ()		Summarize the nature of the work performed and job responsibility
ADDRESS	Dates employed →	FROM TO
JOB TITLE	HOURLY WAGE/SALARY →	START
IMMEDIATE SUPERVISOR AND TITLE	HOURLY WAGE/SALARY →	FINISH
REASON FOR LEAVING		
MAY WE CONTACT FOR REFERENCE? YES () NO () () LATER		

EMPLOYER Telephone No. ()		Summarize the nature of the work performed and job responsibility
ADDRESS	Dates employed →	FROM TO
JOB TITLE	HOURLY WAGE/SALARY →	START
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REASON FOR LEAVING		
MAY WE CONTACT FOR REFERENCE? YES () NO () () LATER		

Comments (including explanation of any gaps in employment)

SKILLS AND QUALIFICATIONS Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for this position, such as licenses, certificates, etc. (exclude information which would reveal sex, race, religion, national origin, handicap or other protected status).

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GENERAL INFORMATION

Has your employment ever been terminated involuntarily? YES () NO ()

If Yes, explain: _____

Have you ever supervised others? YES () NO ()

If yes, please explain (level, number of years, where): _____

Have you read the position description? YES () NO ()

Can you perform the essential functions of the position applied for, with or without reasonable accommodations? YES () NO ()

If No, please explain _____

Will you work overtime, holidays, any shift, any day when required? YES () NO ()

Do you have any relatives working in the Department for which you are applying to work, or who are elected officials of the City YES () NO ()

If Yes, please explain (who): _____

An applicant needing accommodations of a handicap must notify the City of Belleville City Manager within 182 days after the need is known or should have been known.

I waive my right to written notice from present or former employers whenever they disclose to you a letter of reprimand, disciplinary report or disciplinary action regarding me. YES () NO ()

I agree and understand that any employment offer is conditional upon the results of the post-offer medical examination. I hereby certify that all answers to the questions contained herein are true and accurate. I understand that the submission of any false information in connection with any application for employment, whether on this document or not, may be cause for immediate discharge at any time thereafter should I be employed by the City of Belleville.

I give the City of Belleville the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the City and its representatives for seeking such information and all other persons, corporations or organizations furnishing such information.

This application is current for ninety (90) days. At the conclusion of this time, if I have not heard from the City and still wish to be considered for employment, I will inquire as to whether or not new applications are being accepted.

Signature of Applicant

Date

LIMITATION ON TIME TO FILE SUIT

I agree that any lawsuit against the City arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within one year of the event giving rise to the claims or be forever barred. I waive any limitation period to the contrary.

Signature of Applicant

Date

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POLICE OFFICER REQUIREMENTS FOR APPLICATION

1. Must be at least 18 years old
2. Must be a U.S. Citizen
3. Must have at least an Associates Degree in Law Enforcement or a related field
4. Must have successfully completed the MCOLES Reading and Writing Skills Examination and Physical Skills Performance Test.
5. Must be a graduate of a recognized Police Academy and be a Certified Police Officer in the State of Michigan or Certifiable
6. Must have copies of Diplomas, Grade Transcripts, Mcoles Certification, Birth Certificate, Drivers License, and Social Security Card

At time of application, enrolled in a recognized police academy, must have Police Officer Certification from the State of Michigan at the time of City of Belleville job offer.

Possession of a current, valid driver's license as issued by the State of Michigan, and a good driving record with no more than two (2) points on current driving record.

7. Must meet the following minimum physical requirements:
 - Possess normal hearing
 - Be free from any impediments of the senses
 - Possess normal color vision. Possess 20/20 corrected vision in each eye. Possess normal visual functions and visual acuity in each eye (includes peripheral vision, depth perception, night vision, etc.).
 - Be physically sound, in possession of extremities, well developed physically, with height and weight in relation to each other as indicated by acceptable medical standards.
 - Be free from any physical defects, chronic diseases, organic diseases, organic or functional conditions, or mental instabilities which may tend to impair efficient performance of duty, or which may endanger the lives of others or yourself.

An applicant who meets all of the above minimum requirements must then successfully complete the following examinations:

- A written examination
- A physical skills test
- An intensive oral review board
- An extensive background check
- A psychological examination
- A complete physical examination, meeting Michigan Commission on Law Enforcement Standards requirements including a drug screen forms/requirements