

MILAN POLICE DEPARTMENT EMPLOYMENT APPLICATION

35 Neckel Ct., Milan, MI 48160 (734) 439-1551



It is the policy of the City of Milan to provide equal opportunity with regard to all terms and conditions of employment. The City of Milan complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age or any other protected characteristic.

APPLICANT INFORMATION												
Last Name					First					Middle		
Street Address								Apartment/Unit #				
City					State					ZIP		
Phone					E-mail Address							
Date Available					Drivers License #					D.L. State		
Position Applied for												
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
MCOLES license? (Current or Prior)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	MCOLES #									
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain									
EDUCATION												
High School					Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree							
College					Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree							
College					Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree							
Other					Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree/Cert/Lic.							
MILITARY												
Have you ever served in the U.S. Armed Forces? YES <input type="checkbox"/> NO <input type="checkbox"/>												
Branch					Dates Served:	From					To	
Type of Discharge:												
PERSONAL REFERENCES												
<i>Please list three personal references.</i>												
Name					Phone #					Years Acquainted		
Name					Phone #					Years Acquainted		
Name					Phone #					Years Acquainted		

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

SPECIAL TRAINING OR SKILLS

Please list all special skills (languages, machine operations licensing, etc.) that would benefit you in the job for which you are applying:

DISCLAIMER AND SIGNATURE

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the City of Milan's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the city's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, at anytime, by the city.

Signature	Date
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MILAN POLICE DEPARTMENT

35 NECKEL CT, MILAN MI 48160
PHONE: (734) 439-1551
Fax: (734) 439-1565

EMERGENCY: 911
TIPS: 734-439-4311

Release of Records

I, _____, hereby authorize the release to the City of Milan any and all information contained in my financial and criminal history. I further authorize release to the City of Milan any and all information in my driving record.

As part of the hiring process, we want you to know that we will be checking your references. We may contact those persons whom you have identified to us as potential references. In addition, we may also contact your other friends, acquaintances, business associates, and anyone else who knows something about you. When we contact a reference, we may ask him/her a series of questions. They could be about your personal background, educational background, work experience, character, personality, and personal habits. We may use an outside firm to check references. If we do, under the Federal Fair Credit Reporting Act we are required, upon your written request, to provide you with the name and address of the firm that is checking your references so that you may contact it for further information.

I have read and fully understand the foregoing. I hereby voluntarily consent to allow the City of Milan, or any of its officers, employees, agents or designees to check my references by contacting any person whom they deem to be an appropriate reference. The representatives of the City of Milan may ask any questions which they consider relevant to their hiring decision, including questions about my personal background, educational background, work experience, character, personality, and personal habits.

Signature _____

Date of Birth _____

Date _____



Witness Signature: _____

Witness Name: _____

Date _____