

EDUCATIONAL INFORMATION

Type of Educational Facility	Did you graduate		Name of School	Degree rec'd or expected		If no degree, credits earned	Major or Concentration
	No	Yes		Year	Month		
High School							
Technical/ GED/Other							
College/ University Undergrad. BA/BS							
College/ University Graduate MA/MS							
Other [specify]							

POLICE OFFICER APPLICANTS ONLY:

MCOLES Status: ___ Licensed-Active ___ Licensed-inactive* ___ License Expired

MCOLES #: _____

___ Pre-service Graduate* ___ Recognition of Prior Training Completed*

*Date Eligibility for License Expires: _____

Basic Training Academy or Program Completed:

_____ Date: _____

MCOLES Written Test Completion Date:

_____ Band: _____

MCOLES Physical Fitness Test Completion Date: _____

For Township Clerk's Office use only:

Criminal Background Check

Driver's License Check

Police Department Signature

PAID EMPLOYMENT EXPERIENCE

Only information included on/or attached to this form will be considered. List most recent first

EMPLOYER: _____ ADDRESS: _____

JOB TITLE: _____ SUPERVISOR: _____

DATES OF EMPLOYMENT: From: _____ To: _____
[Month/Year] [Month/Year]

Average Number of Hours Per Week: _____

Specify reason for leaving [ie, discharge, lay-off, resignation]: _____

Describe Duties: _____

EMPLOYER: _____ ADDRESS: _____

JOB TITLE: _____ SUPERVISOR: _____

DATES OF EMPLOYMENT: From: _____ To: _____
[Month/Year] [Month/Year]

Average Number of Hours Per Week: _____

Specify reason for leaving [ie, discharge, lay-off, resignation]: _____

Describe Duties: _____

EMPLOYER: _____ ADDRESS: _____

JOB TITLE: _____ SUPERVISOR: _____

DATES OF EMPLOYMENT: From: _____ To: _____
[Month/Year] [Month/Year]

Average Number of Hours Per Week: _____

Specify reason for leaving [ie, discharge, lay-off, resignation]: _____

Describe Duties: _____

Occasionally, the format of an application blank makes it difficult for an individual to adequately summarize his/her completed background. To assist us in properly assessing your qualifications, use the space below to present any additional information relevant to employment with Gaines Township. [Include experience, skills, hobbies, volunteer work, etc., not covered above.]

MILITARY SERVICE

Have you ever served in the Armed Forces of the United States?: No Yes

If Yes, what branch? _____

Dates of Duty: FROM _____ TO _____

Discharge: Honorable Dishonorable General

What were your duties in the Service? [Include Special Training]:

SPECIAL QUALIFICATIONS

Special License[s] or Certificates:

Type	Issued By	Expiration Date
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List types of equipment you can operate, including computer and software capability:

REFERENCES [not relatives]

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Person to be notified in case of emergency:

Name: _____ Address: _____ Phone: _____

By signing this application, I hereby:

1. Understand that if I am offered employment, evidence of U.S. citizenship or U.S. permanent resident status must be provided to the Agency.
2. Understand that if I am offered employment, I must pass a physical examination and drug test.
3. Certify that the information contained in this application is true to the best of my knowledge and belief, I further understand that, if employed, any misrepresentation of fact in this application may result in my discharge.
4. Authorize my previous employer[s] to release to Gaines Township any information with respect to my employment with said previous employer[s] as Gaines Township may request, including copies thereof.
5. Acknowledge and agree that, if employed, my employment is "at will," and subject to termination at any time, with or without cause and with or without notice, by either the Township or myself. I further understand that no oral statement or representation made will change, modify or amend that "at will" nature of my employment.
6. Acknowledge that non-privileged information contained in this application may be publicly disclosed upon a request under the provisions of the Freedom of Information Act, unless I am able to demonstrate through written request at the time of application that the release of this information represents an unwarranted invasion of privacy.
7. Agree to a State of Michigan Criminal Background Check and Annual Driver's License Review.

Signature of Applicant

Date