

# Paw Paw Police Department

## APPLICATION FOR EMPLOYMENT

**TO APPLICANTS:** YOUR INTEREST IN EMPLOYMENT WITH THE VILLAGE OF PAW PAW IS APPRECIATED. COMPLETION OF THIS APPLICATION FOR EMPLOYMENT ASSISTS WITH PROVIDING A CLEAR UNDERSTANDING OF YOUR BACKGROUND AND WORK HISTORY AND WILL AID US IN PLACING YOU IN THE POSITION THAT BEST MEETS YOUR QUALIFICATIONS. FALSE OR MISLEADING STATEMENTS OR OMISSIONS WILL BE CAUSE FOR REJECTION OF THIS APPLICATION OR DISMISSAL AFTER APPOINTMENT.

APPLICATION DATE \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

DRIVER'S LICENSE # \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

MAILING ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ BUSINESS/CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HOW LONG HAVE YOU LIVED AT THE PRESENT ADDRESS \_\_\_\_\_

POSITION(S) APPLIED FOR \_\_\_\_\_

HOW DID YOU LEARN OF THIS POSITION (GIVE SOURCE)? \_\_\_\_\_

ARE YOU AVAILABLE TO WORK \_\_\_ FULL TIME \_\_\_ PART-TIME \_\_\_ SEASONAL TEMPORARY

SPECIFY DAYS AND HOURS IF FOR PART-TIME, SEASONAL OR TEMPORARY \_\_\_\_\_

RATE OF PAY EXPECTED \_\_\_\_\_

WHAT DATE WOULD YOU BE AVAILABLE FOR WORK \_\_\_\_\_

PREVIOUS EMPLOYMENT WITH US \_\_\_ YES \_\_\_ NO IF YES, WHEN \_\_\_\_\_

DO ANY OF YOUR FRIENDS OR RELATIVES WORK HERE \_\_\_ RELATIVES \_\_\_ FRIENDS \_\_\_ NO  
MONTH/YEAR - MONTH/YEAR

IF YES, LIST NAMES(S) \_\_\_\_\_

BRIEFLY LIST THOSE EXPERIENCES, SKILLS OR QUALIFICATIONS WHICH YOU FEEL ESPECIALLY QUALIFY YOU

FOR EMPLOYMENT WITH THE VILLAGE OF PAW PAW \_\_\_\_\_

**EDUCATION**

SCHOOL	DEGREE	YEARS ATTENDED	GRADUATED YES OR NO	MAJOR	GPA	SCHOOL NAME AND ADDRESS
HIGH						
COLLEGE						
BUS/TECH						
OTHER						

**TRAINING COURSES/SEMINARS**

COURSE/SEMINAR	COMPLETION DATE MM/YY
1.	
2.	
3.	
4.	

**PROFESSIONAL MEMBERSHIPS**

(EXCLUDE LABOR ORGANIZATIONS AND MEMBERSHIPS WHICH WILL REVEAL RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, DISABILITY OR OTHER PROTECTED STATUS)

NAME OF ORGANIZATION	MEMBERSHIP DATE MM/YY
1.	
2.	
3.	
4.	

**LICENSES/CERTIFICATIONS/REGISTRATIONS**

LICENSES/CERTIFICATIONS/ REGISTRATIONS	LIC/CERT/REG#	ISSUE DATE MM/YY	ISSUED BY	EXPIRATION DATE MM/YY

DO YOU POSSESS A COMMERCIAL DRIVER'S LICENSE (CDL)? YES NO. IF APPLICABLE, LIST THE EXPIRATION DATE, ENDORSEMENTS AND INDICATE WHAT EQUIPMENT YOU HAVE OPERATED:

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IF APPLICABLE, EXPLAIN YOUR COMPUTER OR OTHER OFFICE EQUIPMENT EXPERIENCE AND SPEED (WPM):

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**REFERENCES**

NAME & OCCUPATION	ADDRESS	PHONE

**LIST BELOW ALL PRESENT AND PAST EMPLOYMENT BEGINNING WITH YOUR MOST RECENT:  
(ANSWER ALL SECTIONS, EVEN IF PROVIDING RESUME)**

1) EMPLOYER NAME \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_  
FROM \_\_\_\_\_ To \_\_\_\_\_ STARTING SALARY \_\_\_\_\_ LAST SALARY \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_ POSITION \_\_\_\_\_  
WORK PERFORMED \_\_\_\_\_ NAME OF SUPERVISOR \_\_\_\_\_

2) EMPLOYER NAME \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_  
FROM \_\_\_\_\_ To \_\_\_\_\_ STARTING SALARY \_\_\_\_\_ LAST SALARY \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_ POSITION \_\_\_\_\_  
WORK PERFORMED \_\_\_\_\_ NAME OF SUPERVISOR \_\_\_\_\_

3) EMPLOYER NAME \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_  
FROM \_\_\_\_\_ To \_\_\_\_\_ STARTING SALARY \_\_\_\_\_ LAST SALARY \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_ POSITION \_\_\_\_\_  
WORK PERFORMED \_\_\_\_\_ NAME OF SUPERVISOR \_\_\_\_\_

4) EMPLOYER NAME \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_  
FROM \_\_\_\_\_ To \_\_\_\_\_ STARTING SALARY \_\_\_\_\_ LAST SALARY \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_ POSITION \_\_\_\_\_  
WORK PERFORMED \_\_\_\_\_ NAME OF SUPERVISOR \_\_\_\_\_

5) EMPLOYER NAME \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_  
FROM \_\_\_\_\_ To \_\_\_\_\_ STARTING SALARY \_\_\_\_\_ LAST SALARY \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_ POSITION \_\_\_\_\_  
WORK PERFORMED \_\_\_\_\_ NAME OF SUPERVISOR \_\_\_\_\_

EXPLAIN ANY GAPS IN EMPLOYMENT:

\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN DISCHARGED FROM EMPLOYMENT OR ASKED TO RESIGN? \_\_\_ YES \_\_\_ NO  
IF YES, PLEASE EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? \_\_\_ YES \_\_\_ NO  
IF NOT, INDICATE BY NUMBER WHICH EMPLOYER(S) YOU DO NOT WISH US TO CONTACT \_\_\_\_\_

ARE YOU ABLE TO PERFORM THE FUNCTIONS LISTED ON THE JOB DESCRIPTION OF THE JOB FOR WHICH YOU  
ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMMODATION? \_\_\_ YES \_\_\_ NO  
IF REASONABLE ACCOMMODATION IS REQUIRED, PLEASE DETAIL \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

IF HIRED, CAN YOU PROVIDE PROOF THAT YOU ARE LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? \_\_\_ YES \_\_\_ NO

NAME GIVEN IN PREVIOUS EMPLOYMENT IF DIFFERENT THAN THAT GIVEN ON THIS APPLICATION:

\_\_\_\_\_

ARE YOU A VETERAN? \_\_\_ YES \_\_\_ NO, IF YES, BRANCH OF MILITARY SERVICE \_\_\_\_\_

DATES OF DUTY: FROM \_\_\_\_\_ TO \_\_\_\_\_

RANK AT DISCHARGE \_\_\_\_\_ REASONS FOR ANY DISCHARGE OTHER THAN HONORABLE:

ARE YOU INVOLVED IN ANY CIVIL OR CRIMINAL LAWSUITS / LITIGATIONS \_\_\_\_ Yes \_\_\_\_ No. If yes, please explain on an addition sheet.

**HAVE YOU EVER BEEN CONVICTED OF ANY MISDEMEANORS OR FELONIES, OR TICKETED OR PENALIZED FOR ANY TRAFFIC VIOLATIONS (INCLUDING SUSPENSIONS OR MINOR IN POSSESSION)?** If so, fill in below. Attach a separate sheet of paper if additional space is needed.

**FAILURE TO LIST ALL OFFENSES IS CONSIDERED TO BE AN ADEQUATE REASON FOR REJECTING YOUR APPLICATION.**

DATE	PLACE	TYPE OF OFFENSE	PENALTY/POINTS

The Village of Paw Paw has a commitment to Equal Employment Opportunity and complies with Federal and State standards pertaining to equal employment opportunity. It is the policy of the Village of Paw Paw to implement equal opportunity on an affirmative basis to all qualified employees and applicants for employment without regard to race, color, creed, sex, age, height, weight, marital status, religion, veteran status, national origin or disability. Michigan Law requires that a handicapped individual with a disability needing accommodations for employment notify the employer in writing, within 182 days after the need is known.

APPLICANT ACKNOWLEDGMENT AND AUTHORIZATION:

I authorize my former employers, school authorities, medical authorities, and police agencies to give to the Village of Paw Paw, any information regarding my employment together with any information they may have regarding me whether or not it is in their records. I hereby release them and their organization from any claims and liabilities whatsoever for issuing same and release the Village of Paw Paw from any claims or liability for using such information in making a hiring decision. I understand that neither this application nor any subsequent offer of employment creates a contract of employment and if I am hired, I will be employed at-will, meaning that the city may terminate my employment at any time, with or without reason and with or without notice. For employees hired in to positions covered by collective bargaining agreements, their at-will status will only be in effect during the contractual probationary period. I hereby certify that all the statements in this application are true and correct and that I agree to all terms and contracts as stated.

\_\_\_\_\_  
(Applicant's Signature)

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview \_\_\_\_ Yes \_\_\_\_ No      Date and Time \_\_\_\_\_

Remarks: \_\_\_\_\_

Employed \_\_\_\_ Yes \_\_\_\_ No      Date of Employment \_\_\_\_\_      Hourly Rate \_\_\_\_\_

Job Title \_\_\_\_\_      Salary \_\_\_\_\_      Department \_\_\_\_\_

By \_\_\_\_\_  
Name and Title      Date