

**CITY OF HOWELL
POLICE DEPARTMENT**

POLICE OFFICER APPLICATION

RELEASE OF CONFIDENTIAL INFORMATION TO
THE CITY OF HOWELL

APPLICANT'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: ____ ZIP _____

I respectfully request and authorize any company, organization, or any employee of the same or any other person or organization to furnish to the City of Howell any and all information that you may possess or have knowledge of concerning my work record (including personnel files, disciplinary files, and pending or completed Internal Affairs records) or any other information you may possess that might be of use to the City of Howell in helping them assess my suitability for employment, including reproduction of same if requested. I hereby release you and your organization and any and all others from any liability or damage that may result from furnishing the information requested by the City of Howell or an employee thereof.

Signed and sworn before me on this

____ day of _____, 2018

Notary Public Signature

Signature of Applicant

Notary Public Printed Name or Stamp

County of _____

Date

My commission expires on: _____

INSTRUCTIONS FOR COMPLETION OF THE POLICE OFFICE APPLICATION

- A. Failure to return this form, properly completed, will result in removal of your name from further consideration for employment with the Police Department.
- B. Answer every question. Leave no blank spaces. If a question does not apply to you, write "N/A". All addresses and phone numbers must include zip codes and area codes.
- C. Personally type or print this form:
 - 1. Legibly;
 - 2. In black or blue ink only. Be sure to sign your name in full wherever a signature is requested.
- D. Where you are directed to give further details or need additional space:
 - 1. Use only 8 1/2" by 11" white paper.
 - 2. Place your name at the top of each page.
 - 3. Precede each answer with the number of the question being answered. More than one answer may be put on a page.

GENERAL INSTRUCTIONS TO THE APPLICANT

The City of Howell is an equal opportunity employer. The information you provided in this application will be used to assist in determining your suitability for the position of Police Officer. Our forms are designed to ensure an applicant's skills, knowledge and abilities meet the specific job requirement needed by the Police Department. Questions are designed to elicit enough data for us to determine an applicant's abilities to successfully perform the tasks required of a Police Officer. Please fill out the application completely and accurately. Keep in mind that:

- 1. All statements are subject to verification.
- 2. Deliberate inaccuracies or incomplete statements may bar or remove you from employment.
- 3. All requested time periods in your background must be accounted for.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence and its degree of relevance to the job of a Police Officer. For example, being fired from a job or having an arrest record is not in itself grounds for disqualification. An evaluation will be made of the relevance of

these facts to the requirements of the job.

I. Completion of Application

- A. MAIL OR DELIVER THE APPLICATION TO:
City of Howell Human Resource Department
611 E. Grand River (3rd Floor)
Howell MI 48843

II. Questions and Additional Information

- A. If you have any questions while completing the application, contact the Human Resource Department at the above address or call 517-540-6723 or e-mail: jcartwright@cityofhowell.org.

III. Candidates WILL BE DISQUALIFIED from employment consideration if:

- A. Instructions are not followed for completion of the application.

IV. All documents submitted by the applicant to the City of Howell become the property of the City of Howell and will not be returned to the applicant for any reason--even if they are disqualified at any point in the process.

The City of Howell does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation, or disability or any other factor prohibited by law in employment or the provision of services.

HOWELL POLICE DEPARTMENT POLICE OFFICER APPLICATION FOR EMPLOYMENT

PERSONAL

1. YOUR NAME

Last _____ First _____ Middle _____

Other Names (including nicknames) you have used or been known by: _____

2. LIST YOUR CURRENT ADDRESS WHERE YOU ACTUALLY RESIDE – Not a mailing address.

Number _____	Street _____	City _____	State _____	Zip Code _____
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3. LIST THE TELEPHONE NUMBER(S) AT WHICH YOU CAN BE CONTACTED.

Home: () _____	Hours: _____
Work: () _____	Hours: _____
Cell: () _____	Hours: _____
Other: () _____	Hours: _____

4. DRIVERS LICENSE NUMBER

State: _____ Endorsements: _____

5. Have you ever applied for a position with the City of Howell prior to this? YES NO
If yes, list the position in which you applied and the date.

1. Position _____	Date _____
2. Position _____	Date _____
3. Position _____	Date _____

6. Are you related to a current City of Howell Employee? YES NO

HOWELL POLICE DEPARTMENT POLICE OFFICER APPLICATION FOR EMPLOYMENT

RESIDENCES				
7. LIST ALL OF YOUR RESIDENCES DURING THE LAST 10 YEARS. Begin with your current address.				
From Mo/Yr	To Mo/Yr	Street Address & Apt. #	City, State, Zip Code	1. If Renting: Name, address & phone of Landlord 2. Name of individuals residing with you. (Full information to be provided in next section) Use additional page(s) if necessary.
				1.
				2.
				1.
				2.
				1.
				2.
				1.
				2.
				1.
				2.

HOWELL POLICE DEPARTMENT POLICE OFFICER APPLICATION FOR EMPLOYMENT

REFERENCES

8. LIST SIX (6) INDIVIDUALS WHO ARE SOCIAL ACQUAINTANCES (i.e. persons whom you have seen frequently during the past 5 years). Exclude relatives and former employers. Do not use the same names listed elsewhere in the application. Do NOT list former or current employers, co-workers, or relatives.		
Name	Home address	Home tx
Relationship	Work address	Work tx
Name	Home address	Home tx
Relationship	Work address	Work tx
Name	Home address	Home tx
Relationship	Work address	Work tx
Name	Home address	Home tx
Relationship	Work address	Work tx
Name	Home address	Home tx
Relationship	Work address	Work tx
Name	Home address	Home tx
Relationship	Work address	Work tx

HOWELL POLICE DEPARTMENT POLICE OFFICER APPLICATION FOR EMPLOYMENT

EDUCATION

9. **EDUCATION** - List **all** high schools, vocational schools, college/universities you have registered at or attended. (Include online courses, non-credited courses, and training courses for which you received college credit.) Use additional page(s) if necessary.

From Mo/Yr	To Mo/Yr	Name of School	Location of School (City and State)	Course Major	Diploma/Degree, or Accumulated Credit Hours

10. **THE HOWELL POLICE DEPARTMENT REQUIRES A POLICE OFFICER TO POSSESS AN ASSOCIATES DEGREE. IN ADDITION, THE HOWELL POLICE DEPARTMENT VALUES LAW ENFORCEMENT EXPERIENCE AND CREDITS AT AN INSTITUTION OF HIGHER EDUCATION.**

I have: (Check All That Apply)

A high school diploma

GED equivalent

An Associates degree _____major/minor _____
Or, equivalent credit hours _____

A Bachelors degree _____major/minor _____

A Masters degree _____major/minor _____

Completed active military law enforcement experience
 1-2 years 2 years or more

Worked as a certified law enforcement officer
 6 mths-2 years 2 years or more

HOWELL POLICE DEPARTMENT POLICE OFFICER APPLICATION FOR EMPLOYMENT

11. HAVE YOU EVER BEEN ON PROBATION, SUSPENDED OR EXPELLED FROM ANY HIGH SCHOOL OR POST SECONDARY SCHOOL OR BEEN INVESTIGATED VIA A SCHOOL JUDICIARY BOARD OR DEAN OF STUDENTS? Post secondary schools include colleges and universities, graduate schools, business and vocational schools - any formal education beyond the high school level.

YES NO If "YES", please explain (include school, date and circumstances & Disposition) _____

12. LIST ALL POLICE AND/OR FIRE ACADEMIES YOU HAVE EVER ATTENDED. (Include current academy.)

Date	Academy	Location	Graduate? Y/N

EXPERIENCE AND EMPLOYMENT – Prior to a conditional offer of employment your current employer must be contacted. Would any problem result if your present employer were contacted?

Yes No If Yes, when should such contact be made?

13. BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT - List all periods of employment and unemployment (including part-time, temporary, and voluntary positions) you have held in the last ten (10) years. (For the purposes of this questionnaire, voluntary work should be included as employment.) For identification and verification, indicate the nature of the activity; i.e. full time, part time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided. Also, give starting and ending salaries. Use additional page(s) if necessary.

Dates of Employment		Name, Address, and Telephone No. of Employer	Name and Phone # of Supervisor	
From Mo/Yr ____/____	To Mo/Yr ____/____		Names and phone numbers of three co-worker(s)	
		Telephone No.		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or Duties (For Identification Purposes)	Salary Start:	Salary End:
Reason for Leaving:				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo/Yr To: Mo/Yr				

HOWELL POLICE DEPARTMENT POLICE OFFICER APPLICATION FOR EMPLOYMENT

Dates of Employment		Name, Address, and Telephone No. of Employer	Name and Phone # of Supervisor	
From Mo/Yr ____/____	To Mo/Yr ____/____		Name(s) and phone numbers of three Co-Worker(s)	
		Telephone No.		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or Duties (For Identification Purposes)	Salary Start:	Salary End:
Reason for Leaving:				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo/Yr To: Mo/Yr				
Dates of Employment		Name, Address, and Telephone No. of Employer	Name and Phone # of Supervisor	
From Mo/Yr ____/____	To Mo/Yr ____/____		Name(s) and phone numbers of three Co-Worker(s)	
		Telephone No.		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or Duties (For Identification Purposes)	Salary Start:	Salary End:
Reason for Leaving:				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo/Yr To: Mo/Yr				
Dates of Employment		Name, Address, and Telephone No. of Employer	Name and Phone # of Supervisor	
From Mo/Yr ____/____	To Mo/Yr ____/____		Name(s) and phone numbers of three Co-Worker(s)	
		Telephone No.		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or Duties (For Identification Purposes)	Salary Start:	Salary End:
Reason for Leaving:				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo/Yr To: Mo/Yr				

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Dates of Employment		Name, Address, and Telephone No. of Employer	Name and Phone # of Supervisor	
From Mo/Yr ____/____	To Mo/Yr ____/____		Name(s) and phone numbers of three Co-Worker(s)	
		Telephone No.		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or Duties (For Identification Purposes)	Salary Start:	Salary End:
Reason for Leaving:				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo/Yr To: Mo/Yr				

Make additional copies of page 6 if necessary. LIST ALL EMPLOYMENT!!!

14. EMPLOYMENT DISCIPLINARY RECORD - List those employers who either 1) disciplined you –verbal or written, 2) discharged you, or 3) requested you resign. Give details on a separate sheet if necessary.			
Employer's Name	Date of Action	Name of Supervisor Involved	Action or Resolution
Give Details of the Incident:			
Give Details of the Incident			
Give Details of the Incident			
Give Details of the Incident			
Give Details of the Incident			

15.	HAVE YOU EVER SERVED IN ANY OF THE ARMED FORCES, NATIONAL GUARD OR MILITARY RESERVES OF THE UNITED STATES OR ANY OTHER COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO
16.	WERE YOU GIVEN A SECURITY CLEARANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: _____

HOWELL POLICE DEPARTMENT POLICE OFFICER APPLICATION FOR EMPLOYMENT

LEGAL

17. Have you **ever** (either as a juvenile or an adult) been arrested or detained for committing a crime, been given a citation to appear for breaking the law (such as Minor in Possession of Alcohol), been arrested or convicted of a crime? **YES** **NO** If in doubt, answer **YES** and explain fully on an attached page, as directed in the instructions.

Date	City/Town, State and Police Agency	Charge(s)	Disposition and Date

18. **CIVIL COURT ACTION** – Are you currently or were you ever involved as a plaintiff, defendant or witness in a civil lawsuit of any type filed by you or another party? **YES** **NO** If yes, list detail below.

MOTOR VEHICLE OPERATION

19. **NAMES UNDER WHICH YOU EVER ACQUIRED A DRIVERS LICENSE.**

1. 2. 3.

20. **HAS YOUR LICENSE EVER BEEN SUSPENDED, RESTRICTED, AND/OR REVOKED OR HAVE YOU EVER BEEN REFUSED A DRIVERS LICENSE – BY ANY STATE?**

YES **NO** If “Yes”, details:

21. **VIOLATION RECORD** list all summonses, citations, or tickets received by you for any traffic law violation or violation that you received while in a motor vehicle, whether you were the driver or passenger. Include reduced, dismissed, held in abeyance and taken under advisement. Use additional page(s) if necessary.

Date of violation	City/Town, State and Police Agency	Violation(s)	Court Disposition and Date

HOWELL POLICE DEPARTMENT POLICE OFFICER APPLICATION FOR EMPLOYMENT

22. MOTOR VEHICLE ACCIDENTS – list every accident you have ever been involved in as a driver. Use additional pages if necessary.

Date:	Location:	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
Police Investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO	Police Agency (address and telephone number)	Citation Received? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date:	Location:	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
Police Investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO	Police Agency (address and telephone number)	Citation Received? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date:	Location:	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
Police Investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO	Police Agency (address and telephone number)	Citation Received? <input type="checkbox"/> YES <input type="checkbox"/> NO

APPLICATIONS

23. LIST EVERY APPLICATION YOU HAVE MADE WITH A GOVERNMENTAL OR QUASI-GOVERNMENTAL AGENCY OR AUTHORITY Use additional page(s) if necessary.

Date	Agency, Address and Phone	Position Applied For	Accepted, Rejected, Eligible for Hire	Reason (If Rejected)

DRUG & ALCOHOL USE

24. IN THE LAST TWO YEARS HAS YOUR USE OF ALCOHOL INHIBITED YOUR ABILITY TO WORK OR DRIVE? YES NO If yes, explain:

HOWELL POLICE DEPARTMENT POLICE OFFICER APPLICATION FOR EMPLOYMENT

25. Have your ever used, attempted to use, thought you were using, smoked, inhaled, ingested or experimented in any fashion with Marijuana? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, provide the following information. Be as specific as possible.</i>			
Date first used	Estimated use during last 2 years	Estimated use during your lifetime	Did you ever grow, cultivate, manufacture, distribute, or sell Marijuana. <input type="checkbox"/> YES <input type="checkbox"/> NO

26. Have your ever used, thought you were using, tasted, sniffed, smoked, ingested, inhaled, injected, swallowed, smelled, attempted to use or experimented with any form of illegal drug, narcotic or substance such as, but not limited to, "crack cocaine," speed, PCP, cocaine, meth, heroin, mescaline, LSD, mushrooms, Hashish, Opiates, barbiturates, amphetamines, hallucinogens, steroids, designer drugs, peyote, morphine or any other illegal substance other than those drugs prescribed by your physician? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, list all drugs and/or narcotics used in the next portion of this application. Be as specific as possible.</i>		
Name of substance or drug	Date first used or your age when you first used this substance?	Estimated use during the last 2 years
Did you ever possess, adulterate, grow, cultivate, manufacture, distribute, sell, package for sale this substance, or possess an imitation of this substance		
Name of substance or drug	Date first used or your age when you first used this substance?	Estimated use during the last 2 years
Did you ever possess, adulterate, grow, cultivate, manufacture, distribute, sell, package for sale this substance, or possess an imitation of this substance		
Name of substance or drug	Date first used or your age when you first used this substance?	Estimated use during the last 2 years
Did you ever possess, adulterate, grow, cultivate, manufacture, distribute, sell, package for sale this substance, or possess an imitation of this substance		

JOB SPECIFIC QUESTIONS

27. ARE YOU ABLE AND WILLING TO FULLY PERFORM THE DUTIES OF A POLICE OFFICER, INCLUDING WORKING 8, 10, 12-HOUR SHIFTS, ON WEEKENDS AND/OR HOLIDAYS; WEARING A UNIFORM, AND COMPLYING WITH GROOMING STANDARDS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If "No", explain</i>
28. POLICE OFFICERS ARE TRAINED IN THE USE OF DEADLY FORCE. COULD YOU USE DEADLY FORCE IN THE LINE OF DUTY KNOWING THAT THE RESULT COULD BE THE DEATH OF ANOTHER HUMAN BEING? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If "No", explain</i>
29. HAVE YOU EVER BEEN SUBJECT TO DISCIPLINE OR PROPOSED DISCIPLINE BY A SCHOOL, BUSINESS, OR LAW ENFORCEMENT AGENCY? I.E. ANY ARREST, ANY FIRING, VERBAL OR WRITTEN DISCIPLINARY ACTION, SUSPENSION, DEMOTION, LOSS OF PAY, FORFEITURE OF TIME, DISMISSAL, COUNSELING, AFFIRMATIVE ASSISTANCE, ANY INTERNAL INVESTIGATION, ETC.
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If "Yes", give details on a separate sheet.</i>

**HOWELL POLICE DEPARTMENT
POLICE OFFICER APPLICATION FOR EMPLOYMENT**

WAIVER & RELEASE - PLEASE READ & SIGN BELOW

By signing this application, I hereby represent that the facts set forth in my application for employment are true and complete. I understand that if I am employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the City of Howell in any way if the City decides to employ me. I understand and agree that any employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than the City Manager has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in written form signed by the City Manager.

Signature in Full:

Date Completed:



**HOWELL
MICHIGAN**

*City of Howell
611 E. Grand River
Howell, MI 48843
(517) 546-3502*

Waiver & Release

By signing the release below, I hereby authorize the City of Howell to conduct a ***preliminary** background investigation whereby information regarding my driving record, vehicle record and criminal record is obtained. I authorize the City of Howell to contact any and all agencies that may have information on me. I acknowledge receipt of a copy of the above statement concerning the background investigation and hereby authorize the release of any information about my background to the City of Howell. In doing so, I release from all liability all persons, companies and agencies supplying such information. I indemnify the City of Howell against any liability which may result from making such requests. I understand that I have the right to make a written request within a reasonable period of time to receive detailed information regarding the nature and scope of any such investigative report that is made.

***If selected to move forward to the interview phase, an extensive questionnaire will be required to conduct a complete background investigation.**

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

Name: _____

Other names used: _____

Address: _____ City/State/Zip: _____

Date: _____

Signature of Applicant