



Ontwa Township Edwardsburg Police Department

EMPLOYMENT APPLICATION

NAME IN FULL (PRINT) _____
(LAST) (FIRST) (MIDDLE)

SOCIAL SECURITY _____ E-MAIL ADDRESS _____

OTHER NAME(S) _____

Please provide any additional information regarding maiden name, change of name, use of an assumed name or nickname which is necessary to enable a check for your work or school records.

PRESENT ADDRESS _____ PHONE _____
(STREET)

(CITY, STATE, ZIP CODE)

POSITION DESIRED: _____ DRIVER'S LICENSE _____

PERSONAL DATA

GENERAL CONDITION OF HEALTH _____ CITIZENSHIP USA ___ OTHER ___

IF YOU ARE NOT A U.S. CITIZEN, DO YOU HAVE A VISA WHICH COULD PERMIT YOU TO WORK HERE?
YES ___ NO ___

LIST BELOW ANY MENTAL OR PHYSICAL HANDICAPS WHICH WOULD IMPAIR YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU HAVE APPLIED:

PLEASE LIST ANY EXPERIENCE OR ABILITY YOU POSSESS WHICH YOU FEEL WILL BE OF USE IN THE POSITION YOU SEEK:

HAVE YOU EVER BEEN DISMISSED FROM ANY POSITION? YES ___ NO ___
(IF YES, ATTACH DETAILS)

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? YES ___ NO ___

IF SO, INDICATE DETAILS:

HAVE YOU EVER BEEN FOUND GUILTY OF ALCOHOL OR DRUG ABUSE? YES ____ NO ____
IF YES, EXPLAIN:

MILITARY SERVICE

DATE FROM _____ TO _____ BRANCH _____ HIGHEST RANK ATTAINED _____
TOTAL MONTHS _____ TYPE OF DISCHARGE _____

EDUCATION

CHECK HIGHEST GRADE COMPLETED:

GRADE SCHOOL: 1____ 2____ 3____ 4____ 5____ 6____ 7____ 8____
HIGH SCHOOL: 9____ 10____ 11____ 12____ COLLEGE: 1____ 2____ 3____ 4____

ELEMENTARY SCHOOL:

NAME	ADDRESS	CITY, STATE, ZIP
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DID YOU GRADUATE? YES___ NO___ DATE DEGREE CONFIRMED _____ DIPLOMA OR SUBJECT _____

HIGH SCHOOL:

NAME	ADDRESS	CITY, STATE, ZIP
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DID YOU GRADUATE? YES___ NO___ DATE DEGREE CONFIRMED _____ DIPLOMA OR SUBJECT _____

COLLEGE:

NAME	ADDRESS	CITY, STATE, ZIP
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DID YOU GRADUATE? YES___ NO___ DATE DEGREE CONFIRMED _____ DIPLOMA OR SUBJECT _____

TECHNICAL, MILITARY OR OTHER TRAINING:

NAME ADDRESS CITY, STATE, ZIP

DID YOU GRADUATE? YES ___ NO ___ DATE DEGREE CONFIRMED _____ DIPLOMA OR SUBJECT _____

EXPERIENCE

PRESENT OR LAST EMPLOYER _____

ADDRESS (INCLUDE CITY, STATE, ZIP) _____

SALARY _____ TITLE, DUTIES, REASON FOR LEAVING _____

DATES OF EMPLOYMENT (FROM/TO) _____ SUPERVISOR'S NAME _____

PREVIOUS EMPLOYER _____

ADDRESS (INCLUDE CITY, STATE, ZIP) _____

SALARY _____ TITLE, DUTIES, REASON FOR LEAVING _____

DATES OF EMPLOYMENT (FROM/TO) _____ SUPERVISOR'S NAME _____

PREVIOUS EMPLOYER _____

ADDRESS (INCLUDE CITY, STATE, ZIP) _____

SALARY _____ TITLE, DUTIES, REASON FOR LEAVING _____

DATES OF EMPLOYMENT (FROM/TO) _____ SUPERVISOR'S NAME _____

MAY WE CONTACT THE ABOVE EMPLOYERS? YES ___ NO ___

REFERENCES

REFERENCES (PERSONS WHO CAN TESTIFY TO YOUR EXPERIENCE, CHARACTER, AND WORKMANSHIP). PLEASE INCLUDE NAME, ADDRESS, PHONE NUMBER, AND OCCUPATION:

I VOLUNTARILY GIVE ONTWA TOWNSHIP EDWARDSBURG POLICE DEPARTMENT THE RIGHT TO INVESTIGATE MY PAST EMPLOYMENT AND ALL STATEMENTS CONTAINED IN THIS APPLICATION. I CERTIFY THAT THE ABOVE ANSWERS ARE TRUE AND COMPLETE AND AM AWARE THAT ANY MATERIAL AND DELIBERATE FALSIFICATION OF FACT ON THE APPLICATION IS GROUNDS FOR DISCHARGE. I FURTHER AGREE TO TAKE ANY FUTURE PHYSICAL EXAMINATIONS THAT MAY BE DEEMED NECESSARY.

SIGNED: _____ DATE: _____

NOTE: Applications are kept on file for a period of one year. If you are still interested in a position after a one year candidacy, please request the renewal of your application in writing.

*“Ontwa Township Edwardsburg Police Department is an equal opportunity provider and employer.”
The Ontwa Township Edwardsburg Police Department, recognizing its commitment of service to all citizens, will provide professional law enforcement and crime prevention in accordance with the highest possible standards of integrity and fairness.*