



Mattawan Police Department

Chief Jeremy Mansfield

24221 Front Avenue

Mattawan, Michigan 49071

Phone: (269) 668-3661 – Fax: (269) 668-7057

APPLICATION FOR EMPLOYMENT

PLEASE PRINT OR TYPE IN INK. ADDITIONAL PAGES MAY BE ADDED IF ADDITIONAL INFORMATION SURPASSES THE SPACE(S) PROVIDED. IF ADDITIONAL PAGES ARE REQUIRED PLEASE PROVIDE THE HEADER NAME AND PAGE NUMBER ADDITIONAL INFORMATION IS BEING PROVIDED FOR AT THE TOP OF THE RESPONSE.

DATE OF APPLICATION: _____

POSITION APPLIED FOR: _____

SEEKING _____ PART-TIME EMPLOYMENT _____ FULL TIME EMPLOYMENT

HOW DID YOU LEARN OF THIS OPENING? (CIRCLE ONE)

ADVERTISMENT FRIEND WALK-IN OTHER

ARE YOU 21 YEARS OF AGE OR OLDER? _____ YES _____ NO

ARE YOU ABLE TO PROVIDE PROOF OF ELIGIBILITY FOR EMPLOYMENT IN THE UNITED STATES? _____ YES _____ NO

FULL LEGAL NAME: _____

LAST

FIRST

MIDDLE

ADDRESS: _____

NUMBER AND STREET

CITY/TOWN

STATE/ZIP CODE

TELEPHONE: _____

HOME

MOBILE

EMAIL ADDRESS: _____

ARE YOU RELATED TO ANY EMPLOYEES, ELECTED OFFICIALS, OR APPOINTEES OF THE VILLAGE OF MATTAWAN _____ YES _____ NO

HAVE YOU EVER BEEN EMPLOYED BY THE VILLAGE OF MATTAWAN?

_____ YES _____ NO

MILITARY SERVICE

ARE YOU A VETERAN OF THE UNITED STATES ARMED FORCES?

_____ YES _____ NO

IF YES PLEASE GIVE DATES OF SERVICE: FROM _____ TO _____

TYPE OF DISCHARGE: _____

(YOU WILL BE REQUIRED TO PROVIDE A COPY OF YOUR CERTIFICATE OF SEPARATION, DD-214, IF YOU WERE SEPARATED FROM ANY BRANCH OF SERVICE)

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DRIVING STATUS

Operation of a vehicle is an integral part of the position you are applying for, please complete the following;

Driver's License # _____ Issued by the state of: _____

Expiration date: _____ Is your license currently valid: _____

Have you ever been cited/ticketed for any traffic offenses (exclude parking tickets)?

____ Yes ____ No If you answered yes please provide the date, offense(s), location, and disposition (points, fines, etc.) in the space below.

List all traffic accidents in which you have been involved in as a driver, include date, location, and the police agency which handled the accident in the space below.

CRIMINAL HISTORY

This directly relates to your eligibility requirements set by the licensing requirement of the state.

Have you ever been convicted of a felony? ____ Yes ____ No

Have you ever been convicted of a Domestic Violence related assault? ____ Yes ____ No

If you answered yes to any of the above questions please provide an explanation below.

Have you ever been involved in a law enforcement investigation for any reason?

____ Yes ____ No

If you answered yes to the above question list date, location, involvement, the name and address of the law enforcement agency involved in the space below.

EDUCATION

Have you received a High School Diploma/GED? _____ Yes _____ No

School name and location: _____

Have you received a degree from a college or university? _____ Yes _____ No

School name, location, degree/certificate obtained: _____

If you are still attending a school please indicate expected graduation date: _____

Do you possess a professional license, certification, or registration? _____ Yes _____ No

If you answered yes please list below with type and license number below:

Have you ever had a state issued license, registration, or certification revoked or suspended?

_____ Yes _____ No If you answered yes please explain below:

Please use the space below to list any course work, training, or special skills which you believe would be directly useful to you as a police officer in the space below:

RESIDENCE RECORD

List your last four residences, starting with your current address.

Dates _____ Address _____
To From

Dates _____ Address _____
To From

Dates _____ Address _____
To From

Dates _____ Address _____
To From

EMPLOYMENT HISTORY

Please provide the information below starting with your most recent/current employment to include fulltime, part-time, and volunteer positions. List every promotion as a new job. You may use additional pages if necessary, if needed.

Employer _____ Phone # _____
Street Address _____ City _____ State _____ ZIP _____
Supervisor's Name and Title _____
Your Job Title _____ Duties _____
Reason(s) For Leaving _____
Employment Start Date _____ Employment End Date _____
Starting Salary _____ Ending Salary _____ Hours Worked Per Week _____

Employer _____ Phone # _____
Street Address _____ City _____ State _____ ZIP _____
Supervisor's Name and Title _____
Your Job Title _____ Duties _____
Reason(s) For Leaving _____
Employment Start Date _____ Employment End Date _____
Starting Salary _____ Ending Salary _____ Hours Worked Per Week _____

Employer _____ Phone # _____
Street Address _____ City _____ State _____ ZIP _____
Supervisor's Name and Title _____
Your Job Title _____ Duties _____
Reason(s) For Leaving _____
Employment Start Date _____ Employment End Date _____
Starting Salary _____ Ending Salary _____ Hours Worked Per Week _____

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EMPLOYMENT HISTORY (CONTINUED)

Employer _____ Phone # _____
Street Address _____ City _____ State _____ ZIP _____
Supervisor's Name and Title _____
Your Job Title _____ Duties _____
Reason(s) For Leaving _____
Employment Start Date _____ Employment End Date _____
Starting Salary _____ Ending Salary _____ Hours Worked Per Week _____

Employer _____ Phone # _____
Street Address _____ City _____ State _____ ZIP _____
Supervisor's Name and Title _____
Your Job Title _____ Duties _____
Reason(s) For Leaving _____
Employment Start Date _____ Employment End Date _____
Starting Salary _____ Ending Salary _____ Hours Worked Per Week _____

Have you ever been dismissed, or asked to resign from any position ____ Yes ____ No
If you answered yes, please provide an explanation:

REFERENCES

Please list four character references, other than employers and family members.

Name _____ Phone # _____
Address _____
Nature of relationship _____

Name _____ Phone # _____
Address _____
Nature of relationship _____

Name _____ Phone # _____
Address _____
Nature of relationship _____

Name _____ Phone # _____
Address _____
Nature of relationship _____

LAW ENFORCEMENT CONTACTS

Please provide the following information for any law enforcement professionals whom you know personally.

Name _____ Phone # _____
Address _____
Nature of relationship _____

Name _____ Phone # _____
Address _____
Nature of relationship _____

Name _____ Phone # _____
Address _____
Nature of relationship _____

Name _____ Phone # _____
Address _____
Nature of relationship _____

Name _____ Phone # _____
Address _____
Nature of relationship _____

PRIOR LAW ENFORCEMENT APPLICATIONS

Have you ever applied to another law enforcement agency ____ Yes ____ No

If you answered yes please provide the information below:

Name of agency _____ Date _____
Address _____
Current status of application _____

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Address _____
Current status of application _____

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Address _____
Current status of application _____

Name of agency _____ Date _____
Address _____
Current status of application _____

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RELEASE OF INFORMATION

Name:

Last: _____ First: _____ Middle: _____

Suffix (Jr, Sr, III): _____

Social Security No.*: _____ Date of Birth: _____

Residence Address (Street, City, State, Zip):

Phone No.: _____ Highest Degree: _____

Driver's License No.: _____ Issuing State: _____

E-Mail: _____

Authorization for release of information:

I hereby authorize any individual, agency or organization to furnish the Mattawan Police Department, its representatives and/or agents any and all information pertaining to my background and ability to comply with the standards for selection, employment, training and licensing as a law enforcement officer. Such information includes, but is not necessarily limited to: employment, criminal, academic, military, and personal histories; academic, attendance, and driving records; and medical records (includes medical/emotional, including diagnosis and prognosis, if any). I hereby authorize any individual, agency or organization to release such information upon request. This authorization is executed with the full knowledge and understanding that the information is for official use by the Mattawan Police Department. I hereby release any individual, agency or organization, including its officers, employees and related personnel, both individually and collectively, from any and all damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it. This Authorization shall continue in effect until revoked by me in writing. A photostatic copy of this Authorization shall have the same force as the original.

Signature: _____ Today's Date: _____

DISCLAIMERS

I certify that the answers and information provided by me in this application are true, correct, and complete without qualification. I understand the Mattawan Police Department has the right to refuse to hire, or immediately discharge me, at any time, if it discovers that I have provided incomplete, untrue, or misleading answers or information in this application or any other documents or forms submitted at any time during my employment.

I hereby authorize the Mattawan Police Department to verify the answers and information given by me in this application to make any investigation of my background deemed necessary. I authorize current and former employers, educational institutions, law enforcement organizations, and any other third party contacted by the Mattawan Police Department to release any information to the Mattawan Police Department they have regarding me without providing written notice to me.

I authorize the Mattawan Police Department to use any information in its possession concerning me for any purpose it deems appropriate, including disclosure of information to any third party, future employer or prospective future employer without notification to me of such disclosure, and I release the Village of Mattawan, the Mattawan Police Department, and respective employees of same from any liability in connection with such use of disclosure.

I understand and agree that if hired with the Mattawan Police Department I will be bound by the rules, regulations, policies, procedures, codes, general orders and other terms and conditions of employment of the Village of Mattawan and the Mattawan Police Department, as they are from time to time changed, with or without notice.

If hired by the Mattawan Police Department I understand that I have the right to terminate my employment at any time and for any reason, with or without notice. I further understand that the Mattawan Police Department can terminate the employment relationship at any time for any lawful reason, with or without cause, with or without notice. This employment relationship exists regardless of any other written statements or policies or any other Village of Mattawan/Mattawan Police Department document or any verbal statements to the contrary. No one except a Village of Mattawan’s official representative can enter into any kind of employment relationship or agreement which is contrary to the above. To be enforceable, any employment relationship or agreement which is contrary to the above must be in writing and personally signed by an authorized Village of Mattawan representative and myself.

I agree not to file any actions or claim relating to my application for, or employment with, the Mattawan Police Department/Village of Mattawan. More than 6 months after the date of the challenged action, and to waive any longer statute of limitations period.

Full name, PRINTED

SIGNATURE

Date

NONDISCRIMINATION STATEMENT

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activities, in any program or activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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