

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:

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

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