



# Unadilla Township Police Department

126 Webb St. • P.O. Box 264 • Gregory, MI 48137-0264  
(734) 498-2325, Office • (734) 498-3021, Fax  
(517) 546-9111, Central Dispatch



Est. 1968  
www.unadillapolice.org

David S. Russell  
Chief of Police

## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer

### PERSONAL:

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Street Number and Name)

\_\_\_\_\_ E-Mail: \_\_\_\_\_  
(City, State and Zip Code)

Are you 18 years or older? Yes No Are you a U.S. Citizen? Yes No

If you are not a U.S. Citizen, do you have legal documentation to remain permanently in the United States? Yes No

Have you been previously employed here? Yes No If yes, date(s) \_\_\_\_\_

Supervisor Name(s): \_\_\_\_\_

Have applied to the Unadilla Township Police Department before? Yes No If yes, date(s) \_\_\_\_\_

List any friends or relatives working at the Unadilla Township Police Department: \_\_\_\_\_

**MCOLIS or Police Officer Licensing Number:** \_\_\_\_\_  
(include State if not MI)

### EMPLOYMENT DESIRED:

Position(s) applied for: \_\_\_\_\_ Full Time: Part Time:

Salary desired: \_\_\_\_\_ Date available to start work: \_\_\_\_\_

If part-time, hours and days desired: \_\_\_\_\_

Do you have special training, skills, qualifications or other experiences that relate to the position(s) applied for?

Do you have any physical, medical or mental impairment or disability which would interfere with your ability to effectively perform the job for which you have applied? Yes No

If yes, please explain:

### EDUCATION:

High School: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

College: \_\_\_\_\_ Diploma/Degree: \_\_\_\_\_ Course of Study: \_\_\_\_\_

Graduate School: \_\_\_\_\_ Diploma/Degree: \_\_\_\_\_ Course of Study: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE:** (List current or most recent jobs first)

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Starting Hourly Rate/Salary: \_\_\_\_\_ Starting Hourly Rate/Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Work Performed:

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Starting Hourly Rate/Salary: \_\_\_\_\_ Starting Hourly Rate/Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Work Performed:

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Starting Hourly Rate/Salary: \_\_\_\_\_ Starting Hourly Rate/Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Work Performed:

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Starting Hourly Rate/Salary: \_\_\_\_\_ Starting Hourly Rate/Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Work Performed:

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Starting Hourly Rate/Salary: \_\_\_\_\_ Starting Hourly Rate/Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Work Performed:

**MILITARY SERVICE RECORD:**

Have you ever served in the Armed Forces of the United States or in a State National Guard? Yes No

If yes, what branch: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Are you in the reserves: Yes No If yes, date obligation ends: \_\_\_\_\_

Special/technical training:

\_\_\_\_\_

**REFERENCES:** (Do not include relatives or former employers)

Name, Address, Telephone Number, Years Acquainted

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Have you been convicted of a crime? Yes No If so where, when and nature of offense:

\_\_\_\_\_

Do you have a valid driver’s license? Yes No State: \_\_\_\_\_ License number: \_\_\_\_\_

List professional, trade, business or civic activities and offices held excluding group names or character of which indicate race, color, religion, sex, national origin, handicap, marital or veteran’s status:

\_\_\_\_\_

State any additional information that you feel may be helpful to us in considering your application:

\_\_\_\_\_

Name, address and telephone of the person to be notified in the event of accident or emergency:

\_\_\_\_\_

**AUTHORIZATION AND UNDERSTANDING:**

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I authorize you to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, companies, institutions or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment. If hired, I agree I will serve at the will of the Township and I agree that I shall be bound by the rules, policies, regulations and terms and conditions of employment of the Township as they are from time-to-time changed with or without notice to me. I agree that either party may terminate the employment relationship, with or without cause, at any time for any reason. I hereby authorize the Township to

deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owed by me to the Township during the course of my employment. I agree that these arrangements may only be altered in writing directed to me personally by the Township Supervisor. I further agree that if I should bring any action or claim arising out of my employment against the Township in which the Township prevails, I will pay to the Township any and all cost incurred by the Township in defense of allegations or actions, including attorneys' fees. I further agree that my employment is conditional until such time as the results of my pre-employment physical or psychological tests (if such tests are required) are known.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**AUTHORITY TO RELEASE PERSONAL INFORMATION:**

I hereby authorize the Township of Unadilla, Livingston County, Michigan, to conduct investigation into my background including criminal history, driving record, previous employment, (present employer will not be contacted without applicant's prior approval), educational background, medical history, military history, personal history, and to conduct any other investigation that it deems appropriate. I request any custodian of the aforementioned information including duly constituted law enforcement agencies or judicial officers or other appropriate persons to furnish the Township of Unadilla with all information it may have pertaining to me. I hereby authorize the release of any and all such records of any confidential information to any member of the Police Department or Township Board to be used in conjunction with my application for employment. further, in consideration of the Township of Unadilla considering my application for employment I hereby release, relieve and indemnify the township of Unadilla, Livingston County, Michigan, the Unadilla Township Police Department and the Unadilla Township Board, such custodian of the records as herein indicated, all liability and/or damages of whatsoever kind or nature arising to me which is obtained during such investigation. Further, in the release of disciplinary reports, letters of reprimand or other disciplinary action; and any rights afforded me pursuant to M.C.L. 423.501, the Employee Right to Know Act.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, State, Zip)

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

STATE OF MICHIGAN

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me on \_\_\_\_\_  
(Date)

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_