

21 E. Church Street Lake Orion, MI 48362 248-693-8391

www.lakeorion.org (An Equal Opportunity Employer)

## Employment Application for Reserve Police Officer

	Λnı	alican	t Information
Full Name			Data
Full Name:			Date:
Last	Firs	t	M.I.
Address:			
Addices.			
Chroat Address			An anton and Il lait #
Street Address			Apartment/Unit #
City			State ZIP Code
City			Cell Phone:
			Cell I Horie.
			Home Phone:
Length of time at this address:  Previous addresses at which you have lived over	er the la	ast ten	(10) years, with most recent first, working back:
Troviduo dadrooodo di Willon you navo livod ov	701 1110 11	201 1011	(10) yours, with most room mot, working basis.
Emergency			
Contact Name & Address			Phone: Cell:
Date Available:	Desired Salary:\$		
			•
Position Applied for:			
	\/=0		
Are you a citizen of the United States?	YES	NO	If no, are you authorized to work in the U.S.?
Are you a chizen of the officed States?	YES	NO	in tio, are you authorized to work in the 0.5.?
Have you ever worked for the Village?			If yes, when?
riave you ever werked for the vinage.			
	YES	МО	
Have you ever been convicted of a felony?			If yes, please explain:
	YES	МО	
Are there any pending charges against you?			If yes, please explain:
	YES	NO	
Have you ever been arrested?			If yes, please explain:
Is there any additional information relative to a	YES	NO	
different name to check for work or other records?			If yes, please explain:
- 000:00:			п 300, рючио охрини.
Are you certified by the State of Michigan to	YES	NO	
nerform the duties of a sworn notice officer			If yes, when were you certified:

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<b>Education</b>							
High School	: Address:						
From:	To: Did you graduate? Diploma:						
College:	Address:						
	To: Did you graduate?  Degree (If NO, list credits earned):						
Other:	Address:						
From:	To: Did you graduate?						
	Personal References						
Please list th	nree professional references (not former employers or relatives).						
Full Name:	Relationship:						
Company:	Phone:						
Address:							
Full Name:	Relationship:						
Company:	Phone:						
Address:							
Full Name:	Relationship:						
Company:	Phone:						
Address:							
_	Previous Employment (most recent first)						
Company:							
Address:	Phone:						
Job Title:	Starting Salary: \$ Ending Salary: \$						
Responsibili	ties:						
From:	To: Reason for Leaving:						
May we con	eact your previous supervisor for a reference?  YES NO  □ □ □						

۸ ما ما برور می .				Phone:Supervisor:	
Job Title:	Starting S	Salary: <u>\$</u>		_ Ending Salary: <u>\$</u>	
Responsibilities	3:				
From:	To:	Reason	for Leaving	J:	
May we contact	t your previous supervisor for a reference?	YES	NO	]	
Company:				Phone:	
Address:				Supervisor:	
Job Title:	Starting S	Starting Salary:			
Responsibilities	5:				
From:	To:	Reason	for Leaving	j:	
May we contact	t your previous supervisor for a reference?	YES	NO		
Are you 21 year	rs old or older?	YES	NO		
Have you ever b	peen dismissed from or asked to resign from t position?	YES	NO	If yes, explain:	
you feel would e	ther experiences, skills, or qualifications which especially qualify you for work as a Police Officer of Lake Orion? (You may attach a resume.)				
	Military	Service			
Branch:			_ Fron	n: To:	

## **Disclaimer and Signature**

I certify that the facts set forth in this Application of Employment, in my resume and in the other material I have submitted are true and complete to the best of my knowledge.

I hereby authorize the Village of Lake Orion (hereinafter 'the Employer"), to contact all my former and current employers, educational institutions and the other references I also hereby release the Employer and its employees and agents, and all of my former and current employers, educational institutions, and the other references I have provided, from any and all liability and damages for releasing or using information concerning me and my performance record and work, academic and/or military experience. I also hereby waive any right under the Bullard-Plawecki Right to Know Act, 1978 PA 397, to receive written notice from the Employer or any former or current employer, that disciplinary reports, letters of reprimand, or other disciplinary action taken against me while employed, will be or have been disclosed to a third person or entity.

I also understand that the Employer may, in its sole discretion, conduct or have conducted by an individual or entity of its choice, a criminal background history search on me. I hereby consent to this search being conducted and to the disclosure of the results of that search by the individual or entity conducting the search to the Employer. I further hereby release the individual or entity conducting the search, the Employer, and its employees and agents, from any and all liability, claims and damages, including but not limited to, claims for releasing or using any information revealed as a result of this search. I also understand and acknowledge that false information provided by me or criminal arrests or convictions will result in disqualification from employment with the Employer or in dismissal from employment if an offer of employment has been made and accepted.

In consideration of my employment, and subject to any collective bargaining agreement applicable to me, I agree and understand that my employment and compensation can be terminated with or without cause, with or without notice at either my option or at the option of the Employer, it being mutually understood and agreed that my relationship with the Employer is one of employment at will and no representation of the Employer, other than the Village Council, has any authority to enter into any agreement for employment for any period of time or to make any agreement contrary to the foregoing, and any such agreement must be in writing and signed by the President of the Village Council.

I hereby consent to having a physical and/or psychological examination and/or test(s), including but not limited to drug and/or alcohol testing, conducted by a physician or other professional of the Employer's choice, and understand that any offer of employment is conditioned upon the results of this examination(s) and/or test(s).

Subject to the terms of any collective bargaining agreement applicable to me, I agree not to commence any action or suit relating to my employment with the Employer more than 180 days after the occurrence of the facts giving rise to the claim, or more than 180 days of the date of my termination of such employment, whichever is earlier, and to waive any statute of limitations to the contrary.

If I am employed, I understand that additional personal data will be required for determination of benefit eligibility and for statistical purposes.

I will abide by all policies, rules and regulations of the Employer.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Printed Name:	Date:	
Signature:		