



# GERRISH TOWNSHIP POLICE DEPARTMENT EMPLOYMENT APPLICATION

## GENERAL INFORMATION

### MINIMUM REQUIREMENTS FOR POLICE OFFICERS:

- U.S. Citizen
- 20 Years of Age
- High School graduate with Associate Degree in Law Enforcement or other related Public Safety field to include prior military service (submit proof with application including copy of transcript)
- No arrest record (includes expunged convictions)
- Good moral character
- Possess valid Michigan Operators or Chauffeurs License with good driving record
- Must be a non-tobacco user
- Must be free from physical, chronic and organic diseases
- Possess normal hearing as defined in MCOLES standards
- Possess 20/20 corrected vision in each eye (includes peripheral vision, depth perception and night vision)
- Must be MCOLES certified or certifiable at the time of filing the application
- Must be free from mental/emotional disorders
- Must have good oral and communication skills
- Must have computer and typing skills

### **PRIOR TO ANY APPOINTMENT TO THE POSITION OF FULL TIME POLICE OFFICER, THE APPLICANT SHALL HAVE SUCCESSFULLY TAKEN AND PASSED THE FOLLOWING:**

- Psychological exam (to be determined by employer)
- Physical examination
- Mandatory drug testing
- Background investigation
- Peer interview
- Oral board interview

**FAILURE TO MEET THE MINIMUM QUALIFICATIONS AND TO SUCCESSFULLY PASS ALL REQUIRED TESTING SHALL ELIMINATE THE APPLICANT FROM ANY FURTHER CONSIDERATION.**

**APPLICANT INSTRUCTIONS:**

*(Please read carefully before completing this application)*

Print or type clearly. Read each question carefully and answer each question accurately. If a specific section does not apply to you, please mark N/A. Applications that are not completed or legible may not be considered. If the space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions. All information will be kept strictly confidential.

Application must be completed by the person who is applying for the position.

Please be sure to sign and date the application in the appropriate section.

DO NOT misstate or omit any material facts. Any application containing misstatements, omissions or false information will be rejected from any further consideration.

**THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION:**

- Copy of MCOLES Certification
- Copy of College Transcript
- Copy of Birth Certificate
- Copy of Signed and Notarized “Release of Information Authorization” form  
*(Be sure to sign this form in the presence of a Notary Public)*



**HAVE YOU EVER HAD YOUR LICENSE SUSPENDED OR REVOKED OR DENIED ISSUANCE OF A LICENSE?**

IF YES, PLEASE EXPLAIN:

**YES NO**

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**HAVE YOU EVER HAD AUTO INSURANCE WITHDRAWN OR REVOKED OR BEEN REFUSED AUTOMOBILE INSURANCE?**

IF YES, GIVE DETAILS INCLUDING REASONS, NAMES OF COMPANIES, DATES, ETC:

**YES NO**

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**DID YOU EVER APPLY TO OR WORK FOR GERRISH TOWNSHIP BEFORE?**

IF YES, PROVIDE DATES, POSITION AND NAME EMPLOYED UNDER:

**YES NO**

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**LIST ANYONE YOU KNOW EMPLOYED BY GERRISH TOWNSHIP:**

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**HAVE YOU EVER APPLIED FOR A POSITION WITH ANY GOVERNMENT AGENCY: YES NO**

IF YES, GIVE DETAILS:

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**II. EDUCATION**

<b>TYPE OF SCHOOL</b>	<b>NAME OF SCHOOL</b>	<b>LOCATION (Complete mailing address)</b>	<b>NUMBER OF YEARS COMPLETED</b>	<b>MAJOR &amp; DEGREE</b>
<b>High School</b>				
<b>College</b>				
<b>Bus. or Trade School</b>				
<b>Professional School</b>				
<b>Additional Schooling</b>				

**PLEASE PROVIDE ANY ADDITIONAL INFORMATION, SUCH AS SPECIAL SKILLS, TRAINING, MANAGEMENT EXPERIENCE, EQUIPMENT OPERATION, CERTIFICATIONS OR QUALIFICATIONS THAT YOU FEEL ARE RELEVANT (IE: COMPUTERS, TYPING, ETC.):**

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### III. WORK HISTORY

**LIST ALL PREVIOUS EMPLOYMENT, STARTING WITH YOUR MOST RECENT POSITION AND WORKING BACKWARD TO YOU LEAST RECENT POSITION. IDENTIFY PART TIME JOBS WITH 'PT' AND TEMPORARY JOBS WITH "TEMP". A RESUME MAY BE ATTACHED TO THE APPLICATION PACKET, HOWEVER, THIS SECTION MUST BE COMPLETED FOR YOUR APPLICATION TO BE VALID.**

(1)

<b>Name of employer:</b>	<b>Name of last supervisor:</b>	<b>Employment dates:</b> <b>From:</b> <b>To:</b>	<b>Pay or salary</b>
<b>Address:</b>  <b>Phone number:</b>	<b>Eligible for Rehire:</b>	<b>Job Title:</b>	

**Reason for leaving (be specific):**

**List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:**

(2)

<b>Name of employer:</b>	<b>Name of last supervisor:</b>	<b>Employment dates:</b> <b>From:</b> <b>To:</b>	<b>Pay or salary</b>
<b>Address:</b>  <b>Phone number:</b>	<b>Eligible for Rehire:</b>	<b>Job Title:</b>	

**Reason for leaving (be specific):**

**List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:**

(3)

**Name of employer:**

**Name of last supervisor:**

**Employment dates:**

**Pay or salary**

**From:**

**To:**

**Address:**

**Eligible for Rehire:**

**Job Title:**

**Phone number:**

**Reason for leaving (be specific):**

**List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:**

(4)

**Name of employer:**

**Name of last supervisor:**

**Employment dates:**

**Pay or salary**

**From:**

**To:**

**Address:**

**Eligible for Rehire:**

**Job Title:**

**Phone number:**

**Reason for leaving (be specific):**

**List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:**

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**HAVE YOU SERVED IN THE UNITED STATES ARMED FORCES? YES NO**

**Specialty/Training:** \_\_\_\_\_

**Branch:** \_\_\_\_\_ **Rank:** \_\_\_\_\_ **Date Entered:** \_\_\_\_\_

**Date Discharged:** \_\_\_\_\_ **Type of Discharge (Honorable?):** \_\_\_\_\_

**MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO**

**IF NOW EMPLOYED, WHY DO YOU DESIRE CHANGE?**

\_\_\_\_\_

\_\_\_\_\_

**HAVE YOU EVER BEEN DISCHARGED OR HAVE YOU RESIGNED FROM A POSITION AFTER BEING INFORMED THAT YOUR EMPLOYER INTENDED TO DISCHARGE YOU?**

**YES NO**

IF YES, WHY?:

\_\_\_\_\_

\_\_\_\_\_

#### IV. REFERENCES

**LIST NAMES AND CONTACT INFORMATION OF THREE PERSONS NOT RELATED TO YOU, WHO KNOW YOU THROUGH SCHOOL, BUSINESS OR PERSONAL ASSOCIATION. DO NOT USE FORMER EMPLOYERS.**

NAME	BUSINESS OR PROFESSION	ADDRESS	PHONE NUMBER	EMAIL ADDRESS

**V. RESIDENCES**

**LIST ALL RESIDENCES FOR THE PAST FIVE YEARS, BEGINNING WITH YOUR PRESENT ADDRESS.**

<b>MONTH &amp; YEAR</b> From _____ To _____	<b>NUMBER AND STREET</b>	<b>CITY</b>	<b>STATE</b>



**APPLICANT CERTIFICATION:**

***(PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING TO INDICATE YOUR UNDERSTANDING)***

I understand that prior to being offered employment, I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Gerrish Township Police Department prior to the administration of the test so that a reasonable accommodation can be made. The Police Department reserves the right to require medical documentation regarding the need for accommodation.

I understand that if I am hired and suffer from a protected disability that affects my ability to do the job, I may ask the Gerrish Township Police Department to make a reasonable accommodation for it. I must make my request in writing to the Chief within 182 days after I knew or reasonably should have known that an accommodation was needed.

I understand that the Gerrish Township Police Department is required, by Michigan law, to assure that its law enforcement officers meet certain minimum employment standards such as published by the Michigan Commission on Law Enforcement Standards (MCOLES).

I authorize investigation of all statements contained in the application for any employment-related purpose. I realize the listed references and all employers, except those specifically excepted, to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you.

I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers and that the entries made by me are true, complete and correct to the best of my knowledge and belief and are made in good faith.

I further agree and consent, in advance, to being summarily discharged without cause of hearing if any of the above information contains any misrepresentation or falsification or if any material information has been omitted. In the event that I am employed by this Department, I agree to comply with its dress code, with all its orders, rules and regulations. I hereby authorize my former employers to give any information regarding my employment with them, and in addition, to furnish any other information they may have concerning me.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

***Township of Gerrish***  
**3075 E. HIGGINS LAKE DR.**  
**ROSCOMMON, MI 48653**

RELEASE OF INFORMATION AUTHORIZATION

Re: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name of Applicant)

I am an applicant for a position with Gerrish Township. The Township needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to Gerrish Township.

You are hereby authorized to furnish and release to Gerrish Township or any representative thereof any and all information concerning me which may be requested including but not limited to employment records, criminal records, driving records and any other information that may be requested concerning my application for employment.

I consent to the release of any and all of the above stated information that you may have concerning me, my work records, my background and reputation and any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or any person in any case, either criminal or civil, in which I presently have, or have had an interest, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me are true, complete and correct to the best of my knowledge and belief and are made in good faith.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information to Gerrish Township, including liability or damage pursuant to any state or federal laws. I hereby direct you to release the above referenced information to Gerrish Township or its representative regardless of any agreement I may have made with you previously to the contrary.

This authorization is valid for a period of ninety (90) days from the date of my signature, however, the release provisions survive said ninety (90) day period. A Photostat or Fax copy of this Release form will be valid as an original thereof, even though the said Photostat or Fax copy does not contain an original writing or signature.

\_\_\_\_\_  
(Applicant's Signature)

Subscribed and sworn to before me, a Notary Public in and for the County of \_\_\_\_\_,

State of Michigan, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

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

\_\_\_\_\_ County, Michigan

My Commission Expires: \_\_\_\_\_



# GERRISH TOWNSHIP POLICE DEPARTMENT

## TOBACCO USE STATEMENT

**ARE YOU CURRENTLY OR HAVE YOU EVER USED TOBACCO PRODUCTS?**

**YES                      or                      NO**

**IF YES, COMPLETE THE FOLLOWING:**

**What type of tobacco products were used: \_\_\_\_\_**

**When did you use the above listed tobacco products: \_\_\_\_\_**

**I, \_\_\_\_\_, understand this is a tobacco free workplace  
and that I am a non-tobacco product user.**

**Date: \_\_\_\_\_**