

# CITY OF EAST LANSING POLICE DEPARTMENT GENERAL JOB APPLICATION

410 Abbot Road  
East Lansing, MI 48823

[www.cityofeastlansing.com](http://www.cityofeastlansing.com)

APPLICANT EMAIL ADDRESS: \_\_\_\_\_

(Please Print)

Last Name	First Name	Middle Name	Pronouns	Position Applied For	Today's Date
Address (Number) (Street) (City) (State) (Zip Code)				(Home Phone)	(Work Phone)
Social Security Number	Driver's License Number and State		Date Available for Work	How were you referred to the City?	

If you are under 18 years of age, can you provide required proof of your eligibility to work? \_\_\_\_ Yes \_\_\_\_ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? \_\_\_\_ Yes \_\_\_\_ No  
(Proof of citizenship or immigration status will be required upon employment).

Have you ever worked for the City before? \_\_\_\_ Yes \_\_\_\_ No If yes, what position and when?

Do you have any relatives currently employed with the City? \_\_\_\_ Yes \_\_\_\_ No If yes, please list the names of any relatives employed by the City.  
\_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ Felony? \_\_\_\_\_ Misdemeanor? \_\_\_\_\_ Give circumstances, date, location and crime.  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had contact with any police agency as a juvenile offender? \_\_\_\_\_. If yes, give circumstances, date, location, and crime.  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION AND TRAINING**

School	Name and Address of School	Dates Attended		Type of Diploma/ Degree Received	Major Field or Course of Study
High School		From:	To:		
College		From:	To:		
College		From:	To:		
Graduate School		From:	To:		
Other		From:	To:		
Other		From:	To:		
Police Academy		From:	To:		

**PERSONAL REFERENCES:** Give five (5) personal references (not relatives, former employers, fellow employees, or school teachers), who are property owners, business or professional men and/or women of good standing in the community and who have known you for more than five (5) years.

Name	Residence	Home Phone	Number of Yrs. Acquainted	Business Address	Business Phone

**EMPLOYMENT EXPERIENCE** (Please list most recent position first and work backward for ten (10) years. Include all part-time and temporary employment. Add as many separate sheets as necessary).

Employer	Dates Employed From                      To		WORK PERFORMED
Address			
Telephone Number(s)	Hourly Rate/Salary Starting                      Final		
Job Title			Supervisor's Name
Reason For Leaving			May we contact this employer? ____ Yes ____ No
Employer	Dates Employed From                      To		WORK PERFORMED
Address			
Telephone Number(s)	Hourly Rate/Salary Starting                      Final		
Job Title			Supervisor's Name
Reason For Leaving			May we contact this employer? ____ Yes ____ No
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Job Title			Supervisor's Name
Reason For Leaving			May we contact this employer? ____ Yes ____ No

EMPLOYMENT CONTINUED:

1. May we contact the employers you have listed? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please indicate which one(s) you do not wish us to contact.

2. Have you ever been dismissed or asked to resign from any employment? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state the reason(s) and the employer(s) involved.

3. Have you ever been refused employment? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state by whom and for what reason.

4. Have you ever been eliminated as a candidate by an organization during the final selection stage? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain the reason(s) why you were eliminated.

**RESIDENCES:** List all your residences for the past five years, starting with the most recent and working backward.

From:	To:	Address:	Owner of Property:	Address of Owner (if different than yours):
From:	To:	Address:	Owner of Property:	Address of Owner (if different than yours):
From:	To:	Address:	Owner of Property:	Address of Owner (if different than yours):
From:	To:	Address:	Owner of Property:	Address of Owner (if different than yours):
From:	To:	Address:	Owner of Property:	Address of Owner (if different than yours):

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**ADDITIONAL INFORMATION**

**Specialized Skills**

Radar  
 PBT  
 Breathalyzer  
 Lien

**Check Skills/Equipment Operated**

Copier  
 E-Mail  
 PC  
 Calculator

Typing  
W.P.M. \_\_\_\_\_  
 Shorthand  
W.P.M. \_\_\_\_\_

Microsoft Office Applications  
 Dictation Equipment  
 Cash Register

Other (list):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Memberships/Associations:**

List all organizations of which you are a member (excluding those organizations which indicate the race, color, religion, national origin or ancestry of its members):

**Other Qualifications:**

Summarize special job-related skills and qualifications acquired from employment or other experience.

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

**Military Experience:**

Branch of Service \_\_\_\_\_ Rank \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Type of Discharge \_\_\_\_\_

List any military training, duties and/or honors which may relate to the position for which you are applying.

**410 Abbott Road, East Lansing, MI 48823**

***WAIVER OF CONFIDENTIAL RECORDS***

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Permission is hereby given any agency of the government of the United States, any municipal corporation or political subdivision of this state or any other state or agency or department thereof, and any other agency, person, firm or corporation holding records considered confidential concerning me, to furnish the City of East Lansing all information desired involving me in any way, upon request. Included in this grant of authority is my permission to former employers and other persons acquainted with me or in possession of information concerning me to supply such information to the City of East Lansing.

Such records, I understand, may include reasons for termination of employment, reasons for discharge from military service, criminal history, driving record investigation, on the job performance, educational records, credit history or any other information which may not otherwise be obtained without any prior agreement.

I further understand that the information which may be obtained about me will be obtained upon assurance of confidentiality by the City of East Lansing to the person or persons supplying the information. I understand that this information will become privileged to the City of East Lansing and will become part of the confidential records of the City of East Lansing to which I will not have access.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature. (This authorization shall continue in effect until revoked by me in writing).

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Signature \_\_\_\_\_ SS# \_\_\_\_\_

Print Name \_\_\_\_\_ D.L. # \_\_\_\_\_

Date \_\_\_\_\_

If veteran, give grade held, service number and branch of service. Other applicants with Federal agencies, give position and name of agency

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Is any additional information relative to a different name necessary to check your work and/or educational record? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain and list names: \_\_\_\_\_

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**THIS DOCUMENT MUST BE SIGNED IN THE PRESENCE OF A WITNESS**

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

**CITY OF EAST LANSING**  
410 Abbott Road  
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**WAIVER FOR CRIMINAL HISTORY CHECK**

I, the undersigned, authorize the Michigan Department of State Police, to conduct a criminal history file check by name and identifiers to determine the existence of any arrest resulting in conviction and furnish a response to the **East Lansing Police Department**.

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## APPLICANT'S STATEMENT

I certify that the information on this application is true and correct and acknowledge that falsification of this application is grounds for disqualification for employment or in the event of employment, dismissal from the job. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

By signing this form, I hereby acknowledge I have read and understood the above statements. I also acknowledge and understand that only an authorized representative from the City's Personnel Department can extend a valid offer of employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**CITY OF EAST LANSING  
EMPLOYMENT DATA RECORD**

Employees are treated without regard to race, color, religion, sex, height, weight, national origin, age, marital, student or veteran status, medical condition or handicap, sexual orientation, or any other legally protected status.

The purpose for this Data Record is to make certain we attract qualified applicants that have the same characteristics as the labor market. This data is used for statistical purposes and enables us to comply with government record keeping and to provide reports to the East Lansing Human Relations Commission and the East Lansing City Council.

The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that this is not a part of your application for employment, but instead, is removed and maintained in a separate and confidential file.

**Please Note:** Your cooperation is voluntary. Inclusion or exclusion of any data will not affect any employment decision.

**VOLUNTARY SURVEY**

Name:	Date:
Position Applied For:	

Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
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Ethnic Origin (check one)	
<input type="checkbox"/>	Caucasian (White)
<input type="checkbox"/>	African American (Black)
<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	American Indian/Alaskan Native
<input type="checkbox"/>	Asian/Pacific Islander
<input type="checkbox"/>	Other