



City of Luna Pier

P.O. Box 375
4357 Buckeye Street
Luna Pier, MI 48157
(734)848-6495

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Desired Salary: \$ _____

Former Name(s) and Dates used: _____

Previous Address: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Do you have a valid driver's license? YES NO

Have you ever been convicted of or pled guilty to any traffic-related offense within the past 5 years or have your license revoked or suspended? YES NO If yes, when/why? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Use this Space to list any special skills you may have that relate to the position applied for: Trainings and worships attended: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that falsification, misrepresentation, or omission of facts on this application (or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.*

Signature: _____ Date: _____

City of Luna Pier

4357 Buckeye Street

Luna Pier, MI 48157

APPLICANT INFORMATION SHEET AND AUTHORIZATION FOR RELEASE OF INFORMATION

Type or print only:

Name: Last:	First:	Middle:	Suffix (Jr, Sr, III):
Social Security No.*:	Date of Birth:	Gender [±] :	Race [±] :
Residence Address (Street, City, State, Zip):		Phone No.:	Highest Degree:
Driver's License No.:	Issuing State:	E-Mail:	

Authorization for release of information:

I hereby authorize any individual, agency or organization to furnish the City of Luna Pier, its representatives and/or agents (including, but not limited to, its academies or contractors) any and all information pertaining to my background and ability to comply with the standards for selection, employment, training and licensing as a fire fighter or employee of the City of Luna Pier. Such information includes, but is not necessarily limited to: employment, criminal, academic, military, and personal histories; academic, attendance, and driving records; and medical records (includes medical/emotional, including diagnosis and prognosis, if any).

I hereby authorize any individual, agency or organization to release such information upon request. This authorization is executed with the full knowledge and understanding that the information is for official use by the City of Luna Pier.

Further, I hereby authorize the City of Luna Pier to release any and all records collected pursuant to this authorization to any individual, agency or organization for the legitimate purposes of fulfilling the City's statutory and administrative objectives.

I hereby release any individual, agency or organization, including its officers, employees and related personnel, both individually and collectively, from any and all damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it.

This Authorization shall continue in effect until revoked by me in writing. A photo static copy of this Authorization shall have the same force as the original.

Signature:	Today's Date:
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City of Luna Pier
4357 Buckeye Street, Luna Pier, MI 48157

**CANDIDATE'S PERSONAL HISTORY STATEMENT AND AFFIDAVIT IN
SUPPORT OF APPLICATION TO ENTER INTO LICENSING PROCESS**

PLEASE PRINT IN INK OR TYPE YOUR RESPONSES TO THIS QUESTIONNAIRE

PERSONAL INFORMATION						
LAST NAME		FIRST NAME			MIDDLE NAME	
DATE OF BIRTH	SOCIAL SECURITY NO.		DRIVER'S LIC. NO.		STATE	
(mm/dd/yyyy): / /	- -					
PREVIOUS NAME OR ALIAS- Enter any name changed due to marriage or divorce, legal change to your name, or alias used in official capacity. Provide explanation – documentation may be requested.						
Last:		First:				
Last:		First:				
Are you a citizen of the United States? (Proof shall be a birth certificate, US passport, or certificate of naturalization). Yes No						
HOME ADDRESS			CITY		STATE	ZIP
2 nd ADDRESS (School, new address, etc.)			CITY		STATE	ZIP
PHONE NO.	2nd PHONE NO.		E-MAIL			
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EMPLOYMENT HISTORY

Have you ever been talked to, interviewed, or suspected by an employer of any crime in the workplace? Yes No

Have you ever been talked to, interviewed, or suspected by an employer of any form of workplace harassment (inappropriate sexual behavior, sexual harassment, ethnic harassment) or workplace violence (threatening behavior or assaultive behavior)? Yes No

Have you ever been fired, asked to resign in lieu of termination, or decided to resign during an inquiry into your behavior from any place of employment? Yes No

If "Yes" to any of the above, please give the details (include when, where, and the circumstances – use a separate sheet if necessary):

Have you ever been an unsuccessful candidate for a law enforcement position (either volunteer or paid) because you did not meet the background requirements or other non-medical employment qualification? Yes No

If "Yes," please give the details (include when, name of agency or academy and the circumstances):

Please list your previous employers for the last 10 years (current or most recent first). Be specific for the reasons for leaving (resignation in good standing; resignation prior to discipline or termination; termination for violation of rules/policies/law; promoted; reassigned; etc.). Include life-time employment history (paid or volunteer) with any law enforcement agency. Use a separate sheet of paper if necessary.

Employer Name	Address	Position Held	Dates	
			From	To
Supervisor to Contact	Telephone Number	Reason for Leaving		
	()			

Employer Name	Address	Position Held	Dates	
			From	To
Supervisor to Contact	Telephone Number	Reason for Leaving		
	()			

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	()			

Employer Name	Address	Position Held	Dates	
			From	To
Supervisor to Contact	Telephone Number	Reason for Leaving		
	()			

MILITARY SERVICE

Applicants with prior military service should submit a copy of their DD Form 214 with their application to the academy or with their application to the MCOLES Recognition of Prior Training and Experience program.

Have you ever served in the armed forces, National Guard, or military reserves? Yes No

If "Yes", have you ever been the subject of any judicial or non-judicial disciplinary action, or discharged for less than honorable service? Yes No

If "Yes", please give the details (include branch of service, when, where, and the circumstances):

MOTOR VEHICLE OPERATION

Please list all traffic citations (exclude parking violations) you have received: (Attach a separate sheet if necessary)

APPROXIMATE DATE	NATURE OF VIOLATION (Initial Cause for Stop, Charge or Citation)	TICKETED Y/N	JURISDICTION/AGENCY WHERE VIOLATION OCCURRED	DISPOSITION (Final Disposition - Fine, Points, Probation, Other)

Do you currently have active violation points on your driver's license? Yes No

If "Yes", how many points do you have? _____ pts

Has your driver's license ever been denied, suspended or revoked in this state or any other state, the District of Columbia, a possession or territory of the U.S., or Canada? Yes No

If "Yes", please provide the details (what, when, where, and why):

Do you currently have any *restrictions* placed on your driver's license? Yes No

If "Yes", please explain (nature of restriction and why):

Have you been involved, as a driver at fault, in a motor vehicle accident? Yes No

If "Yes", please provide the following information:

APPROXIMATE DATE	LOCATION	INVESTIGATING POLICE AGENCY	INDICATE INJURIES

LEGAL HISTORY

Please provide the following information if you have ever been

- interviewed by a police agency as a suspect in, or questioned about, any criminal offense (misdemeanor or felony);
- been arrested or charged with any criminal offense (misdemeanor or felony);
- convicted of any criminal offense (misdemeanor or felony) including: expungements or conviction set asides (MCL780.621); Holmes Youthful Trainee Act dispositions (MCL762.11); or drug court dispositions (MCL333.7411).

Criminal offenses and charges include, but not limited to: conservation law violations; appearance tickets; or criminal traffic violations. (NOTE: Include any diversion programs, delayed or deferred sentencing. Do not include traffic offenses that are treated as civil infractions, see Motor Vehicle Operation above). Attach a separate sheet if necessary.

APPROXIMATE DATE	POLICE AGENCY OR JURISDICTION	INITIAL CHARGE/VIOLATION OR REASON FOR QUESTIONING	FINAL DISPOSITION (Conviction, dismissal, fines, probation, jail, etc.)

Have you ever had a felony conviction "expunged" or "set aside"? Yes No

If "Yes," please provide the details (nature of crime, county where expunged, and when):

Have you ever been placed on court probation as an adult, or been on parole? Yes No

If "Yes," please provide the details (when, where, why):

Have you ever been on bail, or personal recognizance, or other release conditions from a court-ordered custody? If "Yes," explain here: Yes No

Have you ever been required to appear before a juvenile court? Yes No

If "Yes," please provide the details (when, where, why) and final disposition:

Are you now or have you ever been a plaintiff or defendant in any civil court action? Yes No

If "Yes," please provide the details (when, where, why):

Have you ever been a respondent to a restraining or personal protection order in this state or any other state or tribal court? A respondent is the person enjoined or prohibited from certain behaviors or actions. Yes No

If "Yes," please provide dates, court of jurisdiction, and circumstances of the order and final disposition. Use a separate sheet of paper if necessary.

FINANCIAL HISTORY

The City of Luna Pier will require you to submit a current financial or credit history statement to verify the information provided below.

Have you ever filed for or declared bankruptcy?	Yes	No
Have any of your bills ever been turned over to a collection agency?	Yes	No
Have you ever been evicted for non-payment of rent?	Yes	No
Have you ever had a credit card canceled by the company for unpaid balances?	Yes	No
Have you ever had purchased goods repossessed?	Yes	No

If you answered "Yes" to any of the above questions, please give the details (when, firms/businesses involved, and the circumstances and final disposition):

EDUCATION HISTORY

Please list your educational achievements here.

High School	Location	Diploma or GED?		Date
		Yes	No	
College	Location	Degree / Credit Hours		Date
Vocational/Trade School/Other	Location	Degree or Certificate		Date

Have you ever been suspended or expelled from any high school or post-secondary school? Yes No
 (Post-secondary schools include colleges, universities, graduate schools, business and vocational schools.)

Have you ever been subject to formal discipline procedures, short of suspension or expulsion from school for unacceptable behavior at any high school or post-secondary school? Yes No

If "Yes" to either of the above questions, please explain (include school, date, and circumstances):

AUTHORITY: 1965 PA 203

When filling out this Personal History Statement please keep in mind that:

- 1. completion is mandatory,**
- 2. all statements are subject to verification, and**
- 3. deliberately making false statements, committing fraud, or failing to disclose requested information are grounds for denying your enrollment into or dismissing you from the training program, including the Recognition of Prior Training and Experience program. Further sanctions by the Commission may be imposed including a two-year ineligibility from applying for enrollment in any training program, or permanently denying your application. Subsequent license revocation may also be imposed for making a material false statement or committing fraud in the application process. (R 28.14602 – 28.14609)**

Candidate's Signature	Date
Investigator's Signature	Date

LUNA PIER POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the Luna Pier Police Department bearing this Authorization to obtain information from your files or other sources pertaining to my personal background including, but not limited to, the histories/records listed below.

- EMPLOYMENT HISTORY
- CRIMINAL HISTORY
- ACADEMIC RECORDS
- FINANCIAL / CREDIT RECORDS

- PERSONAL HISTORY
- DISCIPLINARY ACTIONS
- DRIVING RECORD
- ACHIEVEMENTS

I hereby authorize you to release such information upon the request of the bearer. This Authorization is executed with the full knowledge and understanding that the information is for official use by the Luna Pier Police Department.

I hereby release you, the institution or establishment which you represent, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it. Should there be any question as to the validity of the Authorization, you may contact me as indicated below.

This Authorization shall continue in effect until revoked by me in writing. A photocopy of the Authorization shall have the same force as the original.

FULL NAME: (TYPED OR PRINTED) LAST, FIRST, MI		SOCIAL SECURITY NO.	DATE OF BIRTH: MM/DD/YEAR
CURRENT ADDRESS: (NO., STREET, CITY, STATE, ZIP)			TELEPHONE NO.
DRIVER LICENSE NO:			STATE ISSUING
SIGNATURE			TODAY'S DATE

*THIS INFORMATION IS CONFIDENTIAL.
DISCLOSURE OF CONFIDENTIAL INFORMATION
IS PROTECTED BY THE FEDERAL PRIVACY ACT.



Luna Pier Police Department Background Consent Form

I, _____ give the Luna Pier Police Department and its investigators permission to check with my present and past employers about my work history and any related issues pertaining to my employment with them.

I also give the Luna Pier Police Department and its investigators permission to check my credit related information deemed necessary by them.

I also agree to allow the Luna Pier Police Department and its investigators to check my references and/or any persons deemed necessary by them in reference to my personal history.

Signed: _____

Date: _____

Witnessed by: _____