

CITY OF HOUGHTON

Employment Application
Police Department



APPLICANT INFORMATION

Last Name		First		Middle	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available			Date of Birth:		
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Are You:		Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Maiden Name if Applicable			Any Alias		

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references.

Full Name		Relationship
Company		Phone ()
Address		

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
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

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 <input type="checkbox"/> NO <input type="checkbox"/>		

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 <input type="checkbox"/> NO <input type="checkbox"/>		

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DRIVER'S LICENSE

Do you presently have a Michigan Driver's License?

If so, please attach a copy of the license to this application as well as your driving record from the Secretary of State

If you do not have a valid Michigan Driver's License, please provide a copy of your license and driving record from another state.

DISCLAIMER/AUTHORITY TO RELEASE INFORMATION/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 false or misleading information in my application or interview may result in my release.

The City of Houghton adheres to USDOT policy, Section 40.25

This provision requires employers to check on the drug and alcohol testing background of new hires and other employees beginning safety-sensitive work. Employers would have to get written consent from the applicant (in the absence of which the employer would not hire the person). The employer sends the request for information and the employee's consent to all other employers for whom the employee had worked within the previous two years.

The employer cannot let the employee perform safety-sensitive duties for more than 30 days unless the employer has obtained, or made and documented a good faith effort to obtain, the required information from previous employers (as well as from firms to whom the employee applied for safety-sensitive work, where there was a positive test result or a refusal). If the employer finds that the employee has a violation on his record, and the employee has not successfully completed the return-to-duty process, the employer must immediately stop using the employee to perform safety-sensitive functions.

I consent to the release of information concerning my capacity and/or all aspects of prior job performance by employers, educational institutions, law enforcement agencies for the purpose of determining my eligibility and suitability for employment.

Signature

Date



CITY OF HOUGHTON

POLICE DEPARTMENT

616 Sheldon Avenue, P.O. Box 606

Houghton, Michigan 49931

Phone: (906) 482-2121

Fax: 906-482-0353

email: policedepartment@cityofhoughton.com

Authorization for Release of Records

In order to determine my suitability for employment with the Houghton Police Department, the Houghton Police Department is conducting a personal background investigation.

I, _____ do hereby authorize any military organization, educational institutions, governmental agencies, banks and credit agencies, former and present employers, and individuals to furnish to the Chief of Police, City of Houghton, MI or the authorized agent, all information regarding me, whether or not it is in their records. I hereby release them from civil or criminal liability whatsoever for issuing the same.

I understand that all information gathered during the course of this investigation is to be held in the strictest of confidence.

I hereby certify that there are no willful misrepresentations or falsifications of my statements and answers to the questions. I am aware that should an investigation disclose such misrepresentation or falsification, my application will be rejected.

Signature

Date

Witness