



CITY OF BELLEVILLE

POLICE DEPARTMENT

6 Main St
Belleville, MI 48111
Office: 734-699-2710 - Fax: 734-699-3767

Website:

Bellevilleonthelake.com

APPLICATION INSTRUCTIONS

1. Police applicants are first required to complete an application. The application is not the background questionnaire. Applicants will receive a background questionnaire after having successfully completed an oral board. It is suggested that you make a copy of this application for use later in the hiring process.
2. Police officer applicants are required to complete the Background Investigation Questionnaire in order to fulfill the background investigation requirements according to Section 9 of Act No. 203 of the Public Acts of 1965, as amended, being Section 28.609 of the Compiled Laws of 1948 (R28.4102)
3. The following instructions apply to the attached application.
4. Failure to return this application properly completed may result in the removal of your name for further consideration.
5. All statements are subject to verification. Deliberate inaccuracies, incomplete statements, illegible responses, falsifications, untruthful responses, omissions, discrepancies, or unanswered questions may be grounds for disqualification from the hiring process.
6. You are to accurately and truthfully complete this application by either handwriting or typing your response.
7. Answer every question. Leave no blank spaces. If a question does not apply to you, write "NA" in the blank provided.
8. Initial the bottom of each page of this instruction sheet AND each page of the application. Sign your name in full wherever a signature is requested in BLUE ink.
9. Where you are directed to give further details or need additional space you are to:
 - a. Use only 8 1/2" x 11" white paper. Lined paper is acceptable.
 - b. Print your name on the top left-hand corner of each page.
 - c. Precede each answer with the number of the question being answered. More than one answer may be put on a page.
 - d. Sign your name in full at the bottom of each page in BLUE ink.
10. All requested time periods in your application must be accounted for.
11. Questions requesting addresses and telephone numbers must be complete and accurate. Zip codes are required. You must verify the address and telephone number of each employer and reference before submitting your packet. If a business has moved, you must make every effort to locate the current corporate address and write "Moved" next to this address. If the employer is no longer in business, you must provide the last known address and write, "No longer in Business" next to the address.

Initial _____

DOCUMENTS

The following documents must be returned with the application on or before the specified deadline.

- Birth Certificate
 - Military Discharge DD214-Long form
 - EMPCO test results
 - MCOLES Police Certification (or proof of being certifiable as an officer) Applicant
 - Directives - enclosed
 - Statement of Understanding - enclosed
 - Instructions - Signed and Dated
- Copies are acceptable; however, you will be required to show the originals upon request.

TRANSCRIPTS

Official school transcripts will be required if you are selected to proceed to the background portion of the hiring process. Transcripts must be mailed to the Belleville Police Department directly from all colleges and educational institutions that you attended, regardless of if classes were completed. Applicants will be disqualified if transcripts are not mailed directly from the schools to the Police Department address listed below. **NO EXCEPTION WILL BE MADE. DO NOT HAVE YOUR TRANSCRIPTS SENT UNTIL YOU ARE INSTRUCTED TO DO SO.**

Hand deliver or mail this application along with the requested documents to the:
BELLEVILLE POLICE DEPARTMENT
6 Main St. Belleville MI 48111
Attn: Chief of Police

It is your responsibility to verify that your application was received. Do not call the Personnel Officer to confirm receipt. Confirmation can be determined by mailing the application via return receipt. The Belleville Police Department is not responsible for lost applications or applications received via the US Postal Service after the deadline.

My initials and signature on this document indicate that I fully understand these instructions and will comply with them. Applicant Name _____
Applicant Signature _____
Date: _____

APPLICANT'S STATEMENT OF- UNDERSTANDING

I understand that during the hiring process I am required to report to the Belleville Police Department any changes in my personal history covered in this application and background questionnaire within five (5) business days of the said change. I am also aware that failure to report any changes in my personal history may cause my name to be removed from further consideration.

Initial here: _____

I certify that the information that I provided on the application and questionnaire is accurate and complete. I understand that all answers to the application and questionnaire are subject to verification through a background investigation. I further understand that any false statements or deliberate omissions made to the Belleville Police Department, to an employee or agent of the Police Department, to the Background Investigator, or on any subsequent forms, may be grounds for immediate disqualification or dismissal if an appointment is made.

Initial here: _____

I understand that any information secured pursuant to this background investigation, which is reasonably believed to be of a criminal nature will be forwarded to the respective law enforcement agency or review and investigation. Initial here: _____

I further understand that all documents, reports, questionnaires, statements, including the background investigator's report and notes are considered confidential. I understand that all questionnaires, applications and documents that I submit to the Belleville Police Department and affiliated hiring becomes the sole property of the Belleville Police Department and will not be returned to the me for any reason - at any point in the hiring process. I voluntarily waive any right or opportunity to read or review any information provided in the background report prepared by the Belleville Police Department Background Investigator or obtain the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied which might identify that person or organization.

Initial here: _____

I understand that any conditional offer or appointment tendered me will be contingent upon the result of a comprehensive background investigation.

Initial here: _____

I understand that all appointments are probationary, during which time I must demonstrate that I can successfully fulfill the responsibilities of the position in which I applied.

Initial here: _____

I agree to these conditions and hereby certify that all statements made by me on this application/questionnaire are true and complete to the best of my knowledge.

Applicant Name: _____

Date: _____

Please Print

Applicant
Signature:

Belleville Police Department Employment

6 Main St. Phone: 734-699-2710
 Belleville, MI 48111 Fax 734-699-3767

Position: **POLICE OFFICER**



Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, or veteran status.

Personal Information

Last		First		MI	SSN#	Email	
Street Address			City	State	ZIP	Home Phone	Mobile Phone
Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are You 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Date of Birth	
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, please explain:			
Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch		Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		War	
What position are you applying for?				How did you hear about this position?			
Expected Hourly Rate		Expected Weekly Earnings		Date Available			
Have you ever applied with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Prior Work Experience

	Current or Most Recent		Prior		Prior	
Employer						
Address						
City, ST, ZIP						
Telephone						
Name of Immediate Supervisor						
Dates of Employment	From	To	From	To	From	To
Position/ Job Title						
Pay						
Reason for Leaving						
May we Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Education

	Name/Location	Last Year Complete	Degree	Major
High School		9 10 11 12		
College/University		1 2 3 4		
Trade School				
Other				

List any applicable skills, training, or proficiencies:

Personal References

	Reference 1	Reference 2	Reference 3
Name			
Address			
City, ST, ZIP			
Telephone			

Disclaimer- By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records. I understand that the employer may engage in investigative background check to include consumer reporting agency report. I authorize the employer to do so. I further understand that I have the right, at my request, to information on the reporting agency used so I may obtain the nature and substance of information provided to the employer. I understand that the acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Signature _____ Date _____

BELLEVILLE POLICE PERSONAL HISTORY STATEMENT

6 Main St. Phone: 734-699-2710
 Belleville, MI 48111 Fax: 734-699-3767



PERSONAL HISTORY:

The following information is requested of you for verification and contact purposes:

1. Your Name (please print or type)		
Last	First	Middle
Other Names (Including nicknames) you have used or been known by:		

2. Please list an address at which you can be contacted.				
Number	Street	City	State	Zip

3. Please list the local telephone number(s) at which you can be contacted.	() _____ Hrs. you can be contacted:	() _____ Hrs. you can be contacted:
---	--	--

4. Please list your email address(s) and social networking account usernames.

5. Birthdate	6. You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation?					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">(Month)</td> <td style="width: 33%; text-align: center;">(Day)</td> <td style="width: 33%; text-align: center;">(Year)</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </table>		(Month)	(Day)	(Year)		
(Month)	(Day)	(Year)				
<input type="checkbox"/> Yes <input type="checkbox"/> No						

7. Social Security Number	(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 30px;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			

8. For the purposes of identification, please provide the following:			
Height:	Weight:	Hair Color:	Eye Color:
Scars, tattoos, or other distinguishing marks:			

PERSONAL HISTORY STATEMENT

RELATIVES & REFERENCES

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for a position within Belleville Police Department.

9. Please supply the appropriate information in the spaces provided below. If a category is not applicable write "N/A".		
Name of your	Address where person can be contacted (Include city, state, and zip code)	Telephone number and email address at which person can be contacted
Father:		
Mother:		
Father-in-law:		
Mother-in-law:		
Spouse:		
Former Spouse(s):		
Brother(s):		
Sister(s):		
Stepfather:		
Stepmother:		
Stepbrother(s):		
Stepsister(s):		
Children: (Please list all of your children, including stepchildren and adopted children ages 13 and older.)		

PERSONAL HISTORY STATEMENT

RELATIVES AND REFERENCES

Continued

Other relatives with whom you have a close personal relationship with.		
Name and relationship	Address where person can be contacted (Include city, state, and zip code)	Telephone number and email address at which person can be contacted

10. Please list those individuals with whom you have resided below. Exclude family members.		
Name	Address where person can be contacted (Include city, state, and zip code)	Telephone number and email address at which person can be contacted

PERSONAL HISTORY STATEMENT

RELATIVES AND REFERENCES

Continued

11. In the space below, please list as references 3-5 individuals who have knowledge of you and your qualifications. Exclude relatives and former employers.		
Name	Address where person can be contacted (Include city, state, and zip code)	Telephone number and email address at which person can be contacted

EDUCATION

<p>12. The Michigan Commission on Law Enforcement Standards requires a police officer to possess a U.S. high school diploma or its equivalent. Please indicate your current situation with regard to this requirement by checking one of the appropriate boxes. This applies to all applicants.</p> <p><input type="checkbox"/> I possess a high school diploma from a U.S. institution.</p> <p><input type="checkbox"/> I passed the G.E.D. (General Education Development) test.</p> <p><input type="checkbox"/> I possess a two-year college degree.</p> <p><input type="checkbox"/> I possess a four-year college or university degree.</p> <p><input type="checkbox"/> I do not currently have a high school diploma or its equivalent, but I plan to satisfy the requirement in the future as follows:</p> <p>When: _____</p> <p>How: _____</p>

PERSONAL HISTORY STATEMENT

EDUCATION

Continued

13. Please indicate below all the schools you have attended beginning with high school. During the background investigation, people who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.				
Name of school	Location of school (City and State)	Date attended		School references (teachers, counselors, etc.)
		From Month/Year	To Month/Year	
		____/____	____/____	
		____/____	____/____	
		____/____	____/____	
		____/____	____/____	
		____/____	____/____	

14. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two- and four-year colleges, universities, and business/vocational schools – any formal education beyond high school level). If “yes”, please explain (include school, date, and circumstances).
<input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL HISTORY STATEMENT

EDUCATION

Continued

15. Are you currently a certified police officer?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", from what state? _____ Length of service: _____

16. Please list all MCOLES, EMPCO, or other testing scores.	17. If applicable, please list your academy rank and any honors/awards that you received while attending the academy.
MCOLES: _____ Other: _____ EMPCO: _____ Other: _____	Rank: _____ Awards: _____ Honors: _____

RESIDENCE

Individuals who have become acquainted with you by reason of your residing in different locations, are often helpful in providing useful information for the background investigation.

18. Please list all your prior residences in chronological order beginning with your most current. If additional space is required, please attach additional sheets.				
Address of residence	City, State, and Zip Code	Date		If rented, give name and address of person responsible for the collection of rent.
		From Month/Year	From Month/Year	
		____/____	____/____	
		____/____	____/____	
		____/____	____/____	
		____/____	____/____	
		____/____	____/____	
		____/____	____/____	

PERSONAL HISTORY STATEMENT

EXPERIENCE AND EMPLOYMENT

19. Please list your employment information beginning with your most current employment (including part-time, full-time, and voluntary positions. For the purpose of this Personal History Statement, volunteer work should be included as employment.) For identification and verification please indicate the name of the activity, i.e., part-time, full-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in the spaces provided. If additional space is required please attach additional sheets.

Dates of employment From To Month/Year Month/Year ____/____ ____/____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Name, address, and telephone number of employer <hr/> Title or duties (for identification purposes)	Name of supervisor <hr/> Name(s) of co-worker(s) a.) _____ b.) _____ c.) _____
Reason for leaving:		

<input type="checkbox"/> Military experience <input type="checkbox"/> Unemployed	Date	
	From Month/Year ____/____	To Month/Year ____/____

Dates of employment From To Month/Year Month/Year ____/____ ____/____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Name, address, and telephone number of employer <hr/> Title or duties (for identification purposes)	Name of supervisor <hr/> Name(s) of co-worker(s) a.) _____ b.) _____ c.) _____
Reason for leaving:		

<input type="checkbox"/> Military experience <input type="checkbox"/> Unemployed	Date	
	From Month/Year ____/____	To Month/Year ____/____

PERSONAL HISTORY STATEMENT

EXPERIENCE AND EMPLOYMENT

Continued

Dates of employment From To Month/Year Month/Year ____/____ ____/____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Name, address, and telephone number of employer <hr/> Title or duties (for identification purposes)	Name of supervisor <hr/> Name(s) of co-worker(s) a.) _____ b.) _____ c.) _____
Reason for leaving:		

<input type="checkbox"/> Military experience <input type="checkbox"/> Unemployed	Date	
	From Month/Year ____/____	To Month/Year ____/____

20. Would any problem result if your present employer was contacted during the course of this background investigation?
<input type="checkbox"/> Yes <input type="checkbox"/> No If "no", when should such contact be made? _____

21. If you have had no prior employment, please explain in the space below.

22. Have you had any extended work absences for any reason other than earned vacations? If "yes", please explain (include when, name of employer, and why). <input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL HISTORY STATEMENT

EXPERIENCE AND EMPLOYMENT

Continued

23. Have you ever been fired or asked to resign from any place of employment? If "yes", please give details (include when, where, and the circumstances). <input type="checkbox"/> Yes <input type="checkbox"/> No

24. Have you ever applied to any law enforcement agency for a position requiring police officer powers? If "yes", list all agencies (use back of sheet if necessary). <input type="checkbox"/> Yes <input type="checkbox"/> No

25. Are you currently on any lists for employment as a police officer? If "yes", list all agencies (use back of sheet if necessary). <input type="checkbox"/> Yes <input type="checkbox"/> No

Military

26. If you are a male under age 26, please provide the following:		
Selective service number	Approximate date of registration	Address at time of registration

27. Have you ever served in the armed forces, National Guard, or Military Reserves? If "yes", please supply the following information: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Branch of service	Service number	Date of service ____/____/____ to ____/____/____	Type of discharge

28. Are you currently participating in any Military Reserve or National Guard program? <input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL HISTORY STATEMENT

MILITARY

Continued

<p>29. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the Military, National Guard, or Military Reserve? If "yes", please give details (include branch of service, when, where, and the circumstances).</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>

<p>30. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.</p>			
Name	Contact address	Contact telephone	Years known
			From: _____ to _____
			From: _____ to _____
			From: _____ to _____
			From: _____ to _____

FINANCIAL

<p>31. The management of personal finances is relevant to an individual's qualification for a position within the Belleville Police Department. Therefore, please fill in the financial statement below. Be complete and accurate. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations. Add lines A-C and write the sum online.</p>			
Current Monthly Income		Current Monthly Expenditures	
A	Monthly Salary: \$ _____	A	Real estate (mortgage) payment(s): \$ _____
B	Spouse's Salary: \$ _____	B	Rent: \$ _____
C	Other monthly income: \$ _____ Describe: _____	C	Other monthly payments: \$ _____ Describe: _____
D	Total monthly income: \$ _____	D	Total monthly expenditures: \$ _____

PERSONAL HISTORY STATEMENT

FINANCIAL

Continued

Current Assets
Savings: \$ _____
Checking: \$ _____
Real Estate: \$ _____
Stocks and Bonds: \$ _____
Life Insurance (cash value of whole life policy): \$ _____
Autos: \$ _____
Other Assets: \$ _____
Describe:
Total Assets: \$ _____

Current Liabilities
Real Estate Indebtedness: \$ _____
Long Term Loans: \$ _____
Charge Accounts: \$ _____
Other Liabilities: \$ _____
Describe:
Total Liabilities: \$ _____

32. Please supply more detailed information about your charge accounts, contracts, or other financial liabilities.		
Name of firm	Address	Account number

33. Have you ever filed or declared bankruptcy? If "yes", please give details (include when, where, and why). <input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL HISTORY STATEMENT

FINANCIAL

Continued

34. Have any of your bills been turned over to a collection agency? If "yes", please give details (include when, firms involved, and the circumstances). <input type="checkbox"/> Yes <input type="checkbox"/> No

35. Have you ever had purchased goods repossessed? If "yes", please give details (include when, firms involved, and the circumstances). <input type="checkbox"/> Yes <input type="checkbox"/> No

36. Have your wages ever been garnished? If "yes", please give details (include when, where, and why). <input type="checkbox"/> Yes <input type="checkbox"/> No

37. Have you ever been delinquent on income or other tax payments? If "yes", please give details (include when, where, and why). <input type="checkbox"/> Yes <input type="checkbox"/> No

LEGAL

38. If you have ever been arrested or convicted for any crime, please give the following information: (The fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you should answer this question).		
Approximate date	Police agency	Circumstances

PERSONAL HISTORY

LEGAL

Continued

39. Have you ever been placed on court probation as an adult? If "yes", please give details (include when, where, and why). <input type="checkbox"/> Yes <input type="checkbox"/> No

40. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult? If "yes", please give details (include when, where, and why). <input type="checkbox"/> Yes <input type="checkbox"/> No

41. Have you ever been reported to a law enforcement agency as a missing person or runaway? If "yes", please give details (include date, law enforcement agency, and the circumstances). <input type="checkbox"/> Yes <input type="checkbox"/> No

42. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? If "yes", please give details (include when, where, name and location of court, and the circumstances). <input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL HISTORY

MOTOR VEHICLE OPERATION

An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

43. Michigan driver's license number:	Expiration date:
Name under which the license was granted:	

44. Please list other states where you have been licensed to operate a motor vehicle.			
State:	State:	State:	State:
Name under which license was granted:	Name under which license was granted:	Name under which license was granted:	Name under which license was granted:

45. Have you ever been refused a driver's license by any state? If "yes", please explain (include when, where, and why). <input type="checkbox"/> Yes <input type="checkbox"/> No

46. Michigan law requires that operators and owners of motor vehicles be covered by automobile insurance or bond or deposit of \$35,000 with the Secretary of State. Therefore, please list the current liability insurance you have with your motor vehicle. If you are bonded or have deposited \$35,000 to meet your motor vehicle financial responsibility, please indicate. <input type="checkbox"/> Bond <input type="checkbox"/> \$35,000			
Company	Address	Policy number	Date of expiration

47. Please list all traffic citations that you have received.			
Name of violation	Location (City and State)	Approximate date	Indicate whether fined or action taken on driver's license

PERSONAL HISTORY STATEMENT

MOTOR VEHICLE OPERATION

Continued

48. Have you ever been involved as a driver in a motor vehicle accident? If "yes", please give details for each accident. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date:	Location:	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-injury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy agency:		

Date:	Location:	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-injury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy agency:		

Date:	Location:	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-injury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy agency:		

Date:	Location:	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-injury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy agency:		

Date:	Location:	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-injury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy agency:		

49. Is there anything you wish to discuss about your driving record? If so, please use the space below to explain.			

50. Has your license ever been suspended, revoked, or placed on negligent operator's probation? If "yes", please give details (include what, when, where, and why). <input type="checkbox"/> Yes <input type="checkbox"/> No			

PERSONAL HISTORY STATEMENT

GENERAL INFORMATION

51. Have you ever been refused insurance for any reason other than failure to pay a premium? If "yes", please explain (include company name and address, date, and reason). <input type="checkbox"/> Yes <input type="checkbox"/> No

52. Have you ever applied for a permit to carry a concealed weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes", please provide the following information:		
Permit granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Name of law enforcement agency:
Purpose:		

53. Describe the frequency and extent of your use of alcohol.

54. Have you ever tried or used any illegal narcotics or dangerous drugs, either in pill form, by injection, or by any other manner of ingestion? If "yes", please explain (include type of drug(s), month/year of last use, and number of times used). <input type="checkbox"/> Yes <input type="checkbox"/> No

55. Have you ever sold or furnished drugs or narcotics to anyone? If "yes", explain in detail. <input type="checkbox"/> Yes <input type="checkbox"/> No

**Release of Confidential Information to
Belleville Police Department**

Applicant's Name: _____

Date of Birth: _____

Social Security Number: _____

I respectfully request and authorize any company, organization, hospital, or doctor, or any employee of the same or any other person or organization to furnish to the Huron Township Police Department any and all information that you may possess or have knowledge of concerning my work record, school record, military record, reputation, financial or credit status, mental or physical fitness and abilities or any other information you may possess that may be of use to the Huron Township Police Department in helping them assess my suitability for employment with them. Said information does include, but is not limited to, any and all medical, physical, and mental records or reports and hospital records, including all information of a confidential or privileged nature, and reproductions of same if requested

I hereby release you and your organization and any and all others from any liability or damage which may result from furnishing the information requested by the Huron Township Police Department or any employee thereof.

Note: Contact with physical and mental health practitioners, health record check, physical exam, and psychological evaluations will not be conducted until a conditional offer of employment has been made.

Signed and sworn before me on this

_____ day of _____, 20_____

Notary Public

Signature of Applicant

County of _____ Date _____

My Commission Expires on _____.

WAIVER & AUTHORIZATION FOR RELEASE OF INFORMATION INSTRUCTION SHEET

The attached WAIVER & AUTHORIZATION FOR RELEASE OF INFORMATION is required for any of the following:

1. Application for employment with a law enforcement agency
2. Application for enrollment into a law enforcement academy
3. Application to the law enforcement licensing process

INSTRUCTIONS

Section A:

To be completed by the applicant of a hiring law enforcement agency, law enforcement academy or RPTE program.

Section B:

The **hiring law enforcement agency or the enrolling academy** must place **their own** agency's name in the blank space provided.

- Section B must be signed and dated by the applicant.
-

Section C:

The **hiring law enforcement agency requesting information** must enter **their agency's name** in the blank space provided.

- Section C must be signed and dated by an applicant who is currently or has previously been licensed.
-

WAIVER & AUTHORIZATION FOR RELEASE OF INFORMATION

Sections A & B to be completed by all applicants (non-licensed, currently licensed, or previously licensed law enforcement officers)

Section A - Type or print only:

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

Section B – Authorization for release of information:

I hereby authorize any individual, agency or organization to furnish to the Michigan Commission on Law Enforcement Standards, the _____¹, their representatives and/or agents (including, but not limited to, 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 law enforcement officer. 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/psychological, 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 Michigan Commission on Law Enforcement Standards and the _____¹.

Further, I hereby authorize the Michigan Commission on Law Enforcement Standards to release any and all records collected pursuant to this authorization to any individual, agency or organization for the legitimate purposes of fulfilling the Commission'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 photostatic copy of this Authorization shall have the same force as the original.

Applicant Signature:	Today's Date:
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*****Section C to be completed by current or previously licensed law enforcement officers only*****

Section C – Former Michigan employing law enforcement agency authorization:

I hereby authorize any and all of my former employing Michigan law enforcement agencies to provide the _____¹, with a copy of the record regarding the reason or reasons for, and circumstances surrounding, my separation of service created by any former employing law enforcement agency or agencies. **(Under 2017 PA 128, MCL§28.561, et seq. a hiring law enforcement agency shall not hire a law enforcement officer unless the hiring law enforcement agency receives the record regarding the reason or reasons for, and circumstances surrounding, a separation of service from each prior employing law enforcement agency.)**

Applicant signature:	Today's Date:
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AUTHORITY:	1965 PA 203; 2017 PA 128
COMPLIANCE:	Voluntary
PENALTY:	No License Activation/ Employment/ Academy Enrollment

* This information is confidential. Confidential information is protected by the Federal Privacy Act.

‡ This information is for the purposes of EEO reporting only.

¹ Type or print the name of the hiring law enforcement agency or the enrolling academy.