Township of Kalamazoo

Police Department

1720 Riverview Dr.

Kalamazoo, MI 49004

Employment Application

Position Applying for:  *(click to change)*

PERSONAL INFORMATION

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Name: Last First Middle

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Driver’s License Number: State:

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Social Security#: Email:

|  |  |  |  |
| --- | --- | --- | --- |
| Current |  | Home Phone: |  |
| Address: | Cell Phone: |  |

EDUCATION BACKGROUND:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | School Name | Graduate | Degree/Cert. | Area of Study |
| High School |  |  |  |  |
| College/University |  |  |  |  |
| Post-Graduate  College/University |  |  |  |  |
| Specialty/Trade  School |  |  |  |  |

Are you MCOLES certified?

MILITARY BACKGROUND:

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Branch of Service: Highest Rank Held:

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Service Number: Dates Entered:      Discharged:

mm/yy mm/yy

TKPD Employment Application Continued:

CRIMINAL BACKGROUND:

Have you ever been convicted of a crime? (Felony or Misdemeanor)

If so, what offense:     Any criminal charges pending against you?

EMPLOYMENT HISTORY:

Do you have any prior work experience in the specific position you are applying for?

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Are you presently employed? If so, where:

May we contact your current employer?

You must complete you employment history for the past 5 employers. “See resume” is not acceptable.

|  |  |  |  |
| --- | --- | --- | --- |
| Employer/  Position Title | Address | Dates Employed | Reason for Leaving |
| 1) |  |  |  |
| 2) |  |  |  |
| 3) |  |  |  |
| 4) |  |  |  |
| 5) |  |  |  |

(mm/yy to mm/yy)

ADDITIONAL SKILLS:

Do you speak or write any languages other than English (include sign language):

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List any specialized schools you have attended that are applicable to this position:

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List any computer/software formats you are accustomed to using:

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Do you have any physical impairments that would limit your ability to perform the job you have applied for? If so, explain:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

False or misleading statements will be cause for rejection of this application and/or for dismissal. Submitting this application releases all of the enclosed information for investigation by this department.

By checking this box, I hereby swear that all of the above information is accurate and I allow all of the enclosed information to be investigated by TKPD. This action will serve as my electronic signature (applications will not be accepted without it). **Date**: