



**EMPLOYMENT
APPLICATION AND QUESTIONNAIRE**

29450 MUNRO
GIBRALTAR MICHIGAN 48183
(734)-676-3900

INSTRUCTIONS

Read every question carefully and answer each question accurately and truthfully. The applicant may be disqualified from further processing if statements are falsified. All entries, except signature, must be printed legibly with pen and ink or typed. If the space provided is not sufficient for a complete answer, or you wish to furnish additional information, attach additional sheets to the questionnaire (paper needs to be the same size as the questionnaire and indicate the corresponding number: i.e. I, II, etc.). Applicant must sign each page that is submitted.

I. PERSONAL HISTORY AND RESIDENCY

Full Name: _____
Last First Middle

Present Address: _____
Street Address City State Zip Code

Home Phone Number: _____ Business Phone Number: _____

Driver's License Number: _____ - _____ - _____ - _____ - _____ Exp. date: _____

Do you have a chauffeur's license? NO YES

Social Security Number: _____ - _____ - _____

Age: _____ Date of Birth: _____ Sex: _____ Height: _____ Weight: _____

U.S. Citizen: YES NO If no, are you a naturalized citizen: NO YES

If yes, please list certificate number: _____

List all prior addresses, excluding your present address, beginning with the most recent:

From: _____ To: _____

Street Address City State Zip Code

From: _____ To: _____

Street Address City State Zip Code

From: _____ To: _____

Street Address _____ City _____ State _____ Zip Code _____

From: _____ To: _____

Street Address _____ City _____ State _____ Zip Code _____

From: _____ To: _____

Street Address _____ City _____ State _____ Zip Code _____

II. TRAFFIC AND CRIMINAL OFFENSE HISTORY DATA

1. Indicate below EVERY TRAFFIC TICKET received in this state or elsewhere (excluding parking violations). *Please note: You can receive a copy of your driving record from the Secretary of State.*

Date	Offense	Location	Court Disposition or Fine	Your Age at the Time	Police Agency Concerned

2. Have you ever been charged or convicted of, pled guilty to, or pled nolo contender to any criminal charge, felony or misdemeanor, in any court as a juvenile or adult? NO YES If yes, explain in detail, listing date, original charge, court, location, and agency involved for each incident.

IV. EDUCATION

1. List all schools, colleges, and business schools, with the most recent listed first.

From MO/YR	To MO/YR	School	Address	Last Grade/Term Completed	Degree

2. Did you graduate and receive a high school diploma? YES NO If no, do you have a high school equivalency certificate? NO YES If yes, list who issued the certificate and the date of issuance below:

3. If you attended college, what was your major? _____
 What was your minor? _____

V. EMPLOYMENT

1. What is your present occupation? _____

2. List on the next page your complete work history beginning with your present position and working backward to your first employment. List any period of unemployment. Include all part-time employment.

WORK HISTORY

Name & Address of Employer	From MO/YR	To MO/YR	Beg. & Ending Salary	Position & Type of Work	Reason for Leaving

3. Were you ever disciplined or asked to resign from any employment? NO YES

If yes, give details below:

Employer	Employer's Address	Date	Reason for Discharge

VI. MISC.

1. Have you ever served on active duty in the Armed Services of the United States? NO YES

If yes, indicate below all active military service.

Branch	Serial Number	From	To	Highest Rank	Discharge Date

2. Has your driver's license ever been suspended or revoked? NO YES If yes, explain in detail.

VII. AFFIDAVIT

1. Applicant must sign before a Notary Public.

Signature of Applicant

Date

STATE OF MICHIGAN

COUNTY OF WAYNE

ON THIS _____ DAY OF _____, 20____, BEFORE ME PERSONALLY APPEARED

WHO, BEING DULY SWORN, DEPOSES AND AFFIRMS THEY HAVE READ THE FOREGOING QUESTIONNAIRE, SUBSCRIBED THAT THEY UNDERSTAND THE CONTENTS THEREOF; THAT THE INFORMATION WRITTEN BY THE APPLICANT IS TRUE TO THE BEST OF THE APPLICANT'S KNOWLEDGE AND BELIEF; AND THAT THEY HAVE BEEN INFORMED AND UNDERSTANDS THAT ANY MATERIAL MISREPRESENTATION OF THE FACTS GIVEN BY THE APPLICANT SHALL BE CAUSE FOR REJECTION BEFORE APPOINTMENT OR DISMISSAL FROM THE POLICE DEPARTMENT AFTER APPOINTMENT.

MY COMMISSION EXPIRES: _____

SIGNATURE OF NOTARY PUBLIC

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any investigator or other authorized representative of the Gibraltar Police Department bearing this release, or copy thereof, within one (1) year of its date, to obtain information in your files pertaining to my employment, military, credit, or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, disciplinary records, medical records, and credit records. I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that the information is for the official use of the Gibraltar Police Department.

Consent is granted for the Gibraltar Police Department to furnish such information, as is described above, to third parties while fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, and any school, college, university, or other education institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, that may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I also authorize the Gibraltar Police Department to make duplicate copies of this "Authority to Release Information" form for the purpose of release of information. A copy of this form serves as the original.

Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name:

Signature

Full Name:

Type or Print

Date:

Current Address:

Telephone #:

Driver's Lic. Number:
