



Fremont Police Department

101 E Main Street
Fremont, MI 49412

Telephone Number (231) 924-2100

Fax Number (231) 924-2400

Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(Please Print)

Position(s) Applied For	Date of Application	
How Did You Learn About Us?		
Advertisement	Friend	Walk-In
Employment Agency	Relative	Other

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number	Cell Number	Social Security Number	
Driver License Number & State		E-Mail Address	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application or been employed with us before? Yes No

If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes

No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full-Time Part-Time Shift Work Overtime

Are you currently on “lay-off” status and subject to recall?

Yes

No

Can you travel if a job requires it?

Yes

No

Have you ever been convicted of a crime?

Yes

No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain (list charge, court, date): _____

Education

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)			
	Job Title Supervisor	Starting	Final	
	Reason for Leaving			
2.	Employer	Dates Employed		
		From	To	
	Address			
	Telephone Number(s)			
	Job Title Supervisor	Starting	Final	
	Reason for Leaving			
3.	Employer	Dates Employed		
		From	To	
	Address			
	Telephone Number(s)			
	Job Title Supervisor	Starting	Final	
	Reason for Leaving			

4.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Job Title	Supervisor	Starting	Final
Reason for Leaving			

List professional, trade, business or civic activities and office held.

You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

On a scale of 0 - 5, indicate your level of proficiency on the following computer applications & systems with 0 being "no proficiency, 5 being "very proficient":

Personal Computer Spreadsheets Apple Computer

PC on a Network PowerPoint MS Word

Excel Overall Computer Proficiency

List other software programs/computer applications you are familiar with:

State any additional information you feel may be helpful to us in considering your application.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied. Yes No

If so, please explain:

References

1. _____ (Name)	(_____) _____ Phone #
<hr/>	
2. _____ (Name)	(_____) _____ Phone #
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3. _____ (Name)	(_____) _____ Phone #
<hr/>	
4. _____ (Name)	(_____) _____ Phone #
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Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY.

Arrange Interview Yes No

Remarks _____

Interviewer Date

Employed Yes No Date of Employment _____

Hourly Rate/

Job Title _____ Salary _____ Department _____

By _____
Name & Title _____ Date _____

Notes

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Consider For: _____

Date _____

BACKGROUND CHECK AUTHORIZATION

This form authorizes the City of Fremont to obtain background information about me. This report includes my social security number verification, present and former addresses, and criminal and civil history records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to the City of Fremont, if such is made within a reasonable time from the date it was produced.

Signature: _____ Date: _____

Print Name: _____
First _____ Middle _____ Last _____

Other Names Used (alias, maiden, nickname): _____

Current Address: _____
Street _____ City _____ St _____ Zip _____ County _____

Former Address: _____
Street _____ City _____ St _____ Zip _____ County _____

Social Security Number: _____ Daytime Phone Number: _____

Driver's License Number: _____ State Issued: _____ DOB: _____

This background check only checks for criminal history, verifies social security number and address. It does not check your credit history. This form and the results of the background check are always kept confidential.