



# 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.

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

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## 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.

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

4. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Job Title	Starting	Final	
Supervisor			
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:

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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 #
	_____ (Address) _____ (Relationship)
2.	_____ (Name) _____ ( ) _____ Phone #
	_____ (Address) _____ (Relationship)
3.	_____ (Name) _____ ( ) _____ Phone #
	_____ (Address) _____ (Relationship)
4.	_____ (Name) _____ ( ) _____ Phone #
	_____ (Address) _____ (Relationship)

# 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) my 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 \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
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: \_\_\_\_\_

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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.