



Wayland Police Department, City of Wayland

Application for Police Officer

160 W. Superior, Wayland, MI 49348

PRINT IN DARK INK OR TYPE. A separate application must be submitted for each job position for which you apply. You may make copies of this application and enter different job titles and job announcement numbers but your original signature is required on each application submitted. Information on resumes will not be accepted in lieu of a full and complete response to each area of this application. If you are selected for an interview or further examination, you must be able to provide TWO different documents establishing your identification to determine eligibility for employment pursuant to federal law.

1. Job Announcement – Position Title _____ 2. Job Announcement #: _____

Personal Data

3. Name: _____ Date of Birth: _____
Last First M.I.

4. Other names under which you have worked: _____

5. Mailing Address: _____
Street Address Apartment/Unit #

6. Telephone Numbers: _____
City State ZIP Code
 () _____ () _____ () _____
Home Phone Work and/or Message Phone

7. Social Security No.: _____

8. Are you a citizen of the United States or an alien authorized to work in the United States? (Proof of citizenship or immigration status will be required upon employment.) YES NO

9. Are you a resident of Michigan? YES NO

10. Are you 21 years of age or older? YES NO

11. Are you MCOLES certified or certifiable? (MCOLES Number: _____) YES NO

12. Have you been convicted of a misdemeanor within the past five years? YES NO

If yes, describe in full. _____

Have you ever been convicted of a felony? YES NO

If yes, describe in full. _____

13. Are you currently or have you ever been employed by the City of Wayland? YES NO

(City of Wayland employees cannot hold more than one position concurrently without prior approval of the City Manager.)

If yes, Position Title and dates of employment: _____

14. Relatives by blood, marriage, or domestic partnership employed by the City of Wayland:

Name	Relationship	Department

Education and Experience Data

The scheduling of applicant interviews and examinations is based upon the data furnished in this application, which includes your Educational background and Employment History. Incomplete applications may result in disqualification from further consideration.

EDUCATIONAL BACKGROUND	Grade School				High School				College				Post Graduate			
15. Check highest level completed:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> JD	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> MA	<input type="checkbox"/> MS	<input type="checkbox"/> PhD
	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> MA	<input type="checkbox"/> MS	<input type="checkbox"/> PhD					

16. Name and Address of last high school: _____

Did you graduate? YES NO

17. High School Equivalency Certificate (GED): State: _____ Cert Number: _____ Date: _____

18. List number of college quarter or semester hours completed with a passing grade as recorded on your transcriptions. Furnish a copy of college transcripts if requested.

Type of School (Name, City, and State)	Dates Attended		Hrs. Completed		Degree(s) Received	Major
	From	To	Qtr.	Sem.		
College:						
College:						
Graduate Study:						
Correspondence Study:						

	Dates Attended	Courses Completed
Business:		
Technical:		
Military School(s):		

19. Subjects which may be related to position for which you are applying:

Special Qualifications

20. Please list any special qualifications that may be required or useful in this position. This would include licenses or certifications.

Type	Issued By	Expiration Date

21. Driver's License Number _____ State of Issuance: _____ Expiration Date: _____

Michigan Commercial Driver's License
Number: _____ Expiration Date: _____

22. Typing: _____ words per minute and/or 10-key: _____ strokes per minute

23. Word processing, spreadsheets and database programs you have used: _____

24. List any specialized training: (other than the basic police academy)

Employment History

25. Dates of Employment – month & year		Employer Name: _____	
From: _____	To: _____	Employer Phone Number: _____	
Starting Salary: \$ _____ Per _____	Employer Address: _____ (street, city & state)		
Ending Salary: \$ _____ Per _____	Your Last Job Title: _____		
Hours Per Week _____	Supervisor's Name: _____		Supervisor's Title _____
No. Supervised: _____	May we contact this employer?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Duties: _____			
Reason for leaving: _____			

26. Dates of Employment – month & year		Employer Name: _____	
From: _____	To: _____	Employer Phone Number: _____	
Starting Salary: \$ _____ Per _____	Employer Address: _____ (street, city & state)		
Ending Salary: \$ _____ Per _____	Your Last Job Title: _____		
Hours Per Week _____	Supervisor's Name: _____		Supervisor's Title _____
No. Supervised: _____	May we contact this employer?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Duties: _____			
Reason for leaving: _____			

27. Dates of Employment – month & year		Employer Name: _____	
From: _____	To: _____	Employer Phone Number: _____	
Starting Salary: \$ _____ Per _____	Employer Address: _____ (street, city & state)		
Ending Salary: \$ _____ Per _____	Your Last Job Title: _____		
Hours Per Week _____	Supervisor's Name: _____		Supervisor's Title _____
No. Supervised: _____	May we contact this employer?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Duties: _____			
Reason for leaving: _____			

28. Dates of Employment – month & year		Employer Name: _____	
From: _____	To: _____	Employer Phone Number: _____	
Starting Salary: \$ _____ Per _____	Employer Address: _____ (street, city & state)		
Ending Salary: \$ _____ Per _____	Your Last Job Title: _____		
Hours Per Week _____	Supervisor's Name: _____		Supervisor's Title _____
No. Supervised: _____	May we contact this employer?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Duties: _____			
Reason for leaving: _____			

Other

36. For which of the following types of positions are you available? Full-time Temporary Seasonal Part-time

37. How soon would you be able to report for work after being notified that you had been hired? _____

38. Comments: _____

Veteran's Information

Are you a Veteran of the military service? Yes No From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

CERTIFICATE OF APPLICANT AND AUTHORIZATION TO VERIFY INFORMATION

IMPORTANT: Please read before signing this application.

I HEREBY CERTIFY all of the information made on, or in connection with, this application is true and complete to the best of my knowledge and belief, and that I have not knowingly withheld any fact or circumstance. I understand any misrepresentation or concealment of material fact will be sufficient grounds for rejection of my application, removal from eligible lists or discharge from employment. I understand that consideration for employment in this position is contingent upon the results of a reference and/or background check. I therefore authorize the Wayland Police Department, City of Wayland to investigate all statements made on my application for employment, and to discuss the results of its investigations with those responsible for hiring. I further authorize the Wayland Police Department, City of Wayland to contact my former employers and any other persons to respond to questions pertaining to information on this application. Further, I release from liability such former employers or other persons providing information to the Wayland Police Department, City of Wayland. I understand the benefits, rules and policies of the City of Wayland may be changed, modified, eliminated or added to at any time at the City of Wayland's sole discretion and without prior notice.

Signature: _____ Date: _____

Print Name: _____

**Please check your application to be sure you have filled it out completely.
Read the application requirements on the Job Announcement
to be sure you are including any additional material requested**

Where did you FIRST learn about this job?

- a. Job Service
- b. City and Borough Employee
- c. Posted Job Announcement at: _____
- d. TV Scanner Channel 4
- e. Newspaper: _____
- f. Internet Site: www. _____
- g. Professional Publication: _____
- h. Job Fair: _____
- i. Friend
- j. Other - please provide details: _____