

TAWAS POLICE AUTHORITY

APPLICATION FOR EMPLOYMENT

To The Applicant: We appreciate your interest and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in placing you within the Tawas Police Authority.

We are an equal opportunity employer and shall consider qualified applicants for all positions without regard to age, race, color, gender, disability, religion, national origin, marital or veteran status.

PERSONAL (please print)

Name _____ Date of Application _____
(Last) (First) (Middle)

Address _____
(Number) (Street) (City) (State) (Zip)

Home Phone # _____ Work Phone # _____ Cell # _____

E-mail Address: _____

Are you authorized to work in the United States? Yes No

Are you 18 years or older? Yes No

Have you been previously employed here? Yes No If yes, date(s) _____

Have you filed an application here before? Yes No If yes, date(s) _____

List any friends or relatives working here: _____

EMPLOYMENT DESIRED

Position(s) applied for: _____

Kind of work sought: Full time Part-Time Other _____

If part-time please specify hours and days desired: _____

Salary Desired: _____ Date available to work: _____

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes No

If yes, what branch? _____

Rank at discharge: _____ Date of Discharge: _____

Are you in the Reserves? Yes No If yes, date obligation ends: _____

Special/Technical Training: _____

EMPLOYMENT EXPERIENCE (list current or most recent job first)

1	Employer	Dates From To	Hourly Rate/Salary Starting Final	Work Performed
	Address			
	Job Title			
	Supervisor			
	Reason for Leaving			
2	Employer	Date From To	Hourly Rate/Salary Starting Final	Work Performed
	Address			
	Job Title			
	Supervisor			
	Reason for Leaving			
3	Employer	Dates From To	Hourly Rate/Salary Starting Final	Work Performed
	Address			
	Job Title			
	Supervisor			
	Reason for Leaving			
4	Employer	Dates From To	Hourly Rate/Salary Starting Final	Work Performed
	Address			
	Job Title			
	Supervisor			
	Reason for Leaving			

EDUCATION

School	Name/Location	Years Completed	Diploma/Degree	Courses of Study
High School				
College				
Graduate				
Vocation/Training				
Other				

Any other Educational Training: _____

REFERENCES (Do not include relatives or former employers)

Name	Address	Phone Number	Years Acquainted

ADDITIONAL INFORMATION

Have you ever been convicted of a crime? Yes No

If yes, where, when and nature of offense _____

Do you have a valid driver's license? Yes No License # _____ State _____

List professional, trade, business or civic activities and offices held excluding groups, the name or character of which indicated race, color, religion, sex, national origin, handicap, marital or veterans status: _____

State any additional information that you feel may be helpful to us in considering your application: _____

Have you ever suffered any injury or health related issue that would prevent you from performing physically challenging feats and/or do you have any medical restrictions that would affect your ability to perform the duties of a police officer? If yes to any of the above please explain:

AUTHORIZATION AND UNDERSTANDING**Release of Prior Personnel Records**

By signing this application, I agree that all of the information now or later given by me in support of my application for employment is true and complete. I give you my permission to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, organizations, or governmental agencies. I give these individuals, organizations, or governmental agencies my permission to release any information that you need, including my previous disciplinary record, without requiring them to contact me or give me written notice before revealing the information to you. By signing this application, I release you and them from any liability whatsoever arising out of any information request or disclosure. I agree that any false information in support of my application may subject me to discharge at any time during my employment.

At-Will Employment Status

I agree that either party may terminate the employment relationship, with or without cause at-will any time for any reason, and I further agree that this arrangement may only be changed by the Tawas Police Authority (TPA) Board, in writing, directed to me personally, and signed by the Chairman of the TPA Board. I agree that I shall be bound by the other rules, regulations, and terms and conditions of the TPA except those which have been acknowledged, in writing by the Chief of Police of the TPA or his designated representative. I further agree that my employment is conditional upon satisfactory completion of documentation as required by the Immigration Reform and Control Act of 1986 and until such time as requirements of my conditional offer of employment are known.

Signed: _____ Date: _____