

Employment Experience

Start with your present or last job. You may exclude organization names which indicate race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

1	Employer	Telephone	Dates Employed		Work Performed
		()	From	To	
	Address				
	Job Title		Hourly Rate/Salary		
	Supervisor		Starting	Final	
	Reason For Leaving				Permission To Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Employer	Telephone	Dates Employed		Work Performed
		()	From	To	
	Address				
	Job Title		Hourly Rate/Salary		
	Supervisor		Starting	Final	
	Reason For Leaving				Permission To Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Employer	Telephone	Dates Employed		Work Performed
		()	From	To	
	Address				
	Job Title		Hourly Rate/Salary		
	Supervisor		Starting	Final	
	Reason For Leaving				Permission To Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Employer	Telephone	Dates Employed		Work Performed
		()	From	To	
	Address				
	Job Title		Hourly Rate/Salary		
	Supervisor		Starting	Final	
	Reason For Leaving				Permission To Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications

Acquired from employment or other experience: _____

Education

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate?	List Diploma or Degree
Elementary			5 6 7 8	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
High School			1 2 3 4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
Other (Specify)			1 2 3 4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	

Personal References (Not Former Employers or Relatives)

	Name and Occupation	Address	Telephone Number	Best Time to Contact
1				
2				
3				

May we telephone you to follow up on this application at home? Yes No If so, best time? _____

May we telephone you to follow up on this application at work? Yes No If so, best time? _____

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. 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 understand that neither this application nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing. I also understand that I am required to abide by all rules and regulations of the employer.

By signing below, and pursuant to Michigan law, I hereby waive my right to written notice by my present and/or former employers whenever a disciplinary report, letter of reprimand, or other disciplinary action regarding me is divulged to you by present or former employers. I also authorize the employer to whom I am submitting this application to gather or keep a record of my associations, political activities, or communications of nonemployment activities or to both gather and keep such a record.

Signature of Applicant: _____ Date: _____

Background Investigation Authorization

I hereby authorize the Mackinaw City Police Department to conduct a background investigation pertaining to my application for employment. I fully acknowledge that this investigation may result in sensitive information being released and may affect my application process. I release from all liability the Village of Mackinaw City, the Mackinaw City Police Department, its officials and employees, and any employer, educational institution, credit reporting agency/bureau and other providers of information about me in any and all respects relating to or arising from the Mackinaw City Police Department's investigation.

Unless revoked earlier by me, this release shall continue to be effective during my request for employment with the Mackinaw City Police Department, during any employment which I may have with the Mackinaw City Police Department and, in the case of seasonal employment, for any subsequent consideration of rehiring me. I understand that I may revoke this waiver and authorization at any time.

This release is executed with the full knowledge and understanding that the information is for the official use of the Mackinaw City Police Department and will in no way be circulated in hard copy form or verbally. All hard copy materials will be destroyed via paper shredder.

Signature of Applicant: _____ Date: _____

Name (Last)	(First)	(Middle)	(Suffix)
Date of Birth	Social Security Number	Driver's License Number	State

FOR OFFICE USE ONLY			
Signature of Official	Rank	Date	No Records <input type="checkbox"/>
Status of Background Check (Obtain Copies if Available):			