

**METRO POLICE AUTHORITY OF GENESEE COUNTY**  
**APPLICATION FOR EMPLOYMENT**

**PLEASE PRINT OR TYPE**

Complete All Sections, if not applicable, write N/A

Positions you are applying for:

DATE: \_\_\_\_\_

Full-time Police Officer       Part-time Police Officer  
 Full-time Clerical               Part-time Clerical  
 Part-time Public Service Officer

<b>For Personnel Office Use Only</b>	
<input type="checkbox"/>	Did not meet application/transcript deadline
<input type="checkbox"/>	Did not meet the minimum qualifications
<input type="checkbox"/>	Did not pass written exam
<input type="checkbox"/>	Passed written exam
<input type="checkbox"/>	Did not appear, or cancelled interview
<input type="checkbox"/>	Interviewed, not selected
<input type="checkbox"/>	Interviewed, eligible for consideration
<input type="checkbox"/>	Not Selected - Background
<input type="checkbox"/>	Interviewed and selected
<input type="checkbox"/>	Declined interview/position (circle one)
_____	_____
Date Notified	Initial

NAME \_\_\_\_\_

Last                                      First                                      Middle

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOW LONG AT PRESENT ADDRESS? \_\_\_\_\_ Email: \_\_\_\_\_

HOME PHONE\_(\_\_\_\_\_) \_\_\_\_\_ OTHER PHONE\_(\_\_\_\_\_) \_\_\_\_\_

**POLICE OFFICER APPLICANTS ONLY:**

MCOLES Status:     Licensed - Active     Licensed - Inactive\*     License Expired    MCOLES Number: \_\_\_\_\_  
                            Pre-Service Graduate\*     Recognition of Prior Training Completed\*    \* Date Eligibility for License Expires: \_\_\_\_\_

Basic Training Academy or Program Completed: \_\_\_\_\_ Date: \_\_\_\_\_

MCOLES Written Test Completion Date: \_\_\_\_\_ Band: \_\_\_\_\_ MCOLES Physical Fitness Test Completion Date: \_\_\_\_\_

Are you currently or have you previously been employed by Mundy Township or Swartz Creek? `No \_\_\_\_\_

If yes, when? \_\_\_\_\_

Have you ever been convicted of any felony or misdemeanor, not including civil citations but including juvenile offenses? Yes \_\_\_\_\_ No \_\_\_\_\_

Metro Police Authority Is An Equal Opportunity Employer. We Do Not Discriminate On The Basis Of Race, Religion, Color, Sex Age, National Origin, Disability, Or Any Other Legally Protected Status.

If you have a disability which impairs your ability to apply for a position, please be advised that this office will upon request, provide assistance in reading or completing the application, as needed.

**EDUCATION INFORMATION**

<b>TYPE OF SCHOOL</b>	<b>GRADUATE?</b>		<b>TYPE OF DEGREE</b>	<b>MAJOR OR CONCENTRATION</b>	<b>NAME OF SCHOOL</b>
High School GED	___ No	___ Yes	_____	_____	_____
Vocational (cert.)	___ No	___ Yes	_____	_____	_____
Jr. Comm. College	___ No	___ Yes	_____	_____	_____
College/University (BA, MA, MS, MSW, PhD Graduate)	___ No	___ Yes	_____	_____	_____
Other (Specify)	___ No	___ Yes	_____	_____	_____

**EMPLOYMENT EXPERIENCE**

**LIST MOST RECENT FIRST**

1. \_\_\_\_\_

Employer	Street	City	State	Zip Code	Phone Number
Job Title	From Mo./Yr. To Mo./Yr.	Supervisor	Specific reason for leaving (i.e. Discharged, laid off, quit)		

Describe Duties: \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

Employer	Street	City	State	Zip Code	Phone Number
Job Title	From Mo./Yr. To Mo./Yr.	Supervisor	Specific reason for leaving (i.e. Discharged, laid off, quit)		

Describe Duties: \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

Employer	Street	City	State	Zip Code	Phone Number
Job Title	From Mo./Yr. To Mo./Yr.	Supervisor	Specific reason for leaving (i.e. Discharged, laid off, quit)		

Describe Duties: \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT EXPERIENCE (Continued)**

4. \_\_\_\_\_

Employer	Street	City	State	Zip Code	Phone Number
Job Title	From Mo./Yr. To Mo./Yr.	Supervisor	Specific reason for leaving (i.e. Discharged, laid off, quit)		

Describe Duties: \_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_

Employer	Street	City	State	Zip Code	Phone Number
Job Title	From Mo./Yr. To Mo./Yr.	Supervisor	Specific reason for leaving (i.e. Discharged, laid off, quit)		

Describe Duties: \_\_\_\_\_  
\_\_\_\_\_

**MILITARY EXPERIENCE**

Have you ever served in the Armed Forces? \_\_\_\_ Yes \_\_\_\_ No If "YES" please provide following information:

Branch: \_\_\_\_\_ Highest Rank: \_\_\_\_\_ MOS Description: \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_  
Month Day Year Month Day Year

What were your duties in the Service? (include special training) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL QUALIFICATIONS**

Special License(s) or Certificates

Type	Issued By	Expiration Date
Type	Issued By	Expiration Date
Type	Issued By	Expiration Date

List types of equipment you can operate, including computer and software capability: \_\_\_\_\_

\_\_\_\_\_

Occasionally, the form of an application makes it difficult for an individual to adequately summarize a complete background. To assist in properly assessing qualifications, use the space below to present any additional information relevant to employment with Metro Police Authority of Genesee County. Include experiences, skills, hobbies, volunteer work, etc. not covered above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Miscellaneous**

Date available for work \_\_\_\_\_

By signing this application, I hereby:

1. Certify that the information contained in this application is true to the best of my knowledge and belief. I further understand that, if employed, any misrepresentation of fact in this application may result in my discharge.
2. Authorize my previous employer(s) to release to Metro Police Authority of Genesee County any information with respect to my employment with said previous employer(s) as Metro Police Authority may request, including copies thereof.
3. Acknowledge and agree that, if employed, my employment is "at will" or subject to termination at any time during my probationary period for any reason or no reason at all by either the employer or myself. I further understand that no oral statement of representation made before or during my probationary period will change, modify or mend that "at will" nature of my employment.
4. Acknowledge that non-privileged information contained in this application may be publicly disclosed upon request under the provisions of the Freedom of Information Act, unless I am able to demonstrate through written request at the time of application that the release of this information represents a clearly unwarranted invasion of personal privacy.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

RELEASE AND AUTHORIZATION STATEMENT

In connection with this request, I authorize all corporations, companies, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts, military services, and persons to release information they may have about me to the person or agency with which this form has been filed and release all parties involved from any liability and responsibility for doing so.

I also authorize the procurement of an investigative consumer report and understand that it may contain information about my background, mode of living, character, and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested. Further information may be available on written request within a reasonable period of time.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date