



MORRICE POLICE DEPARTMENT

401 Main Street, P. O. Box 247
Morrice, Michigan 48857
Phone: (517) 625-3430 Fax: (517) 625-8294
Email: morricepolice@broadstripe.net



PERSONAL INFORMATION

DATE: ___/___/___

NAME: _____
(LAST) (FIRST) (M)

CURRENT ADDRESS: _____
(NO) (STREET) (CITY)

(STATE) (ZIP) YEARS _____

LIST ALL ADDRESSES FOR THE PREVIOUS SEVEN YEARS (USE ADDITIONAL PAPER IF NEEDED)

PREVIOUS ADDRESS: _____
(NO) (STREET) (CITY)

(STATE) (ZIP) YEARS _____

PREVIOUS ADDRESS: _____
(NO) (STREET) (CITY)

(STATE) (ZIP) YEARS _____

HOME PHONE #: (____) ____ - _____ WORK#: (____) ____ - _____ DOB: ___/___/___

SSN # ____ - ____ - ____ DL # _____ STATE: ____ EXPIRES: ___/___/___

HAVE YOU EVER BEEN ARRESTED? YES ___ NO ___

HAVE YOU BEEN CONVICTED OF ANY CRIMES? YES ___ NO ___ IF SO EXPLAIN: _____

(PLEASE NOTE ATTACHED CRIMINAL HISTORY CHECK AUTHORIZATION)

ARE THERE ANY FELONY CHARGES PENDING AGAINST YOU? YES ___ NO ___

DESCRIBE ANY PHYSICAL OR MENTAL LIMITATIONS YOU HAVE WHICH PREVENT YOU FROM PERFORMING NECESSARY POLICE DUTIES: _____

POSITION YOU ARE SEEKING FULL ___ PART ___ AUXILIARY ___

ON WHAT DATE WILL YOU BE AVAILABLE TO START WORK? ___/___/___

WERE YOU PREVIOUSLY EMPLOYED BY US? YES ___ NO ___ IF YES, WHEN? ___/___/___

THIS JOB REQUIRES OVER TIME OCCASIONALLY, WOULD YOU BE ABLE AND WILLING TO WORK OVERTIME AS NEEDED? YES ___ NO ___

WHAT IS YOUR SCHEDULE AVAILABILITY? _____

WHY DO YOU WANT TO BE A POLICE OFFICER? _____

EDUCATION:

HIGH SCHOOL: _____
(NAME OF INSTITUTION) (LOCATION)

DATES ATTENDED ___/___/___ - ___/___/___ GRADUATED? YES ___ NO ___

COLLEGE: _____
(NAME OF INSTITUTION) (LOCATION)

DATES ATTENDED ___/___/___ - ___/___/___ MAJOR/MINOR _____

GRADUATED? YES ___ NO ___ DEGREE: _____

OTHER: _____
(NAME OF INSTITUTION) (LOCATION)

DATES ATTENDED ___/___/___ - ___/___/___ MAJOR/MINOR _____

GRADUATED? YES ___ NO ___ DEGREE: _____

POLICE ACADEMY: _____
(NAME OF INSTITUTION) (LOCATION)

DATES ATTENDED ___/___/___ GRADUATED? YES ___ NO ___

ARE YOU A MI CERTIFIED POLICE OFFICER? YES ___ NO ___ MCOLES #: _____

LIST ANY ADDITIONAL EDUCATION, SKILLS, EXPERIENCES, OR OTHER FACTORS YOU FEEL WILL BE APPLICABLE TO A POLICE/AUXILIARY OFFICER POSITION: _____

LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH THE MOST RECENT: (USE ADDITIONAL PAPER IF NEEDED)

EMPLOYER NAME: _____

ADDRESS: _____

DATE OF HIRE: ___/___/___ DATE LEFT: ___/___/___

STARTING PAY: \$ ___:___ PER ___ ENDING PAY: \$ ___:___ PER ___

SUPERVISORS NAME: _____ TITLE: _____

REASON FOR LEAVING: _____

DESCRIBE, IN DETAIL, THE WORK YOU DID: _____

EMPLOYER NAME: _____

ADDRESS: _____

DATE OF HIRE: __/__/____ DATE LEFT: __/__/____

STARTING PAY: \$ __:__ PER ____ ENDING PAY: \$ __:__ PER ____

SUPERVISORS NAME: _____ TITLE: _____

REASON FOR LEAVING: _____

DESCRIBE, IN DETAIL, THE WORK YOU DID: _____

EMPLOYER NAME: _____

ADDRESS: _____

DATE OF HIRE: __/__/____ DATE LEFT: __/__/____

STARTING PAY: \$ __:__ PER ____ ENDING PAY: \$ __:__ PER ____

SUPERVISORS NAME: _____ TITLE: _____

REASON FOR LEAVING: _____

DESCRIBE, IN DETAIL, THE WORK YOU DID: _____

EMPLOYER NAME: _____

ADDRESS: _____

DATE OF HIRE: __/__/____ DATE LEFT: __/__/____

STARTING PAY: \$ __:__ PER ____ ENDING PAY: \$ __:__ PER ____

SUPERVISORS NAME: _____ TITLE: _____

REASON FOR LEAVING: _____

DESCRIBE, IN DETAIL, THE WORK YOU DID: _____

EMPLOYER NAME: _____

ADDRESS: _____

DATE OF HIRE: ___/___/____ DATE LEFT: ___/___/____

STARTING PAY: \$ ___:___ PER ____ ENDING PAY: \$ ___:___ PER ____

SUPERVISORS NAME: _____ TITLE: _____

REASON FOR LEAVING: _____

DESCRIBE, IN DETAIL, THE WORK YOU DID: _____

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? _____ IF NOT, INDICATE WHICH

ONE(S) YOU DO NOT WISH US TO CONTACT: _____

REFERENCES:

GIVE FIVE PERSONAL REFERENCES WHO HAVE KNOWN YOU WELL DURING AT LEAST THE PAST 5 YEARS. (NOT RELATIVES OR FORMER EMPLOYER'S)

NAME: _____ PROFESSION: _____

ADDRESS: _____

PHONE #: (____)____-____ NUMBER OF YEARS ACQUAINTED: _____

NAME: _____ PROFESSION: _____

ADDRESS: _____

PHONE #: (____)____-____ NUMBER OF YEARS ACQUAINTED: _____

NAME: _____ PROFESSION: _____

ADDRESS: _____

PHONE #: (____)____-____ NUMBER OF YEARS ACQUAINTED: _____

NAME: _____ PROFESSION: _____

ADDRESS: _____

PHONE #: (____)____-____ NUMBER OF YEARS ACQUAINTED: _____

NAME: _____ PROFESSION: _____

ADDRESS: _____

PHONE #: (____)____-____ NUMBER OF YEARS ACQUAINTED: _____

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Commitment to Service - Partners with the Community



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AUTHORIZATION TO RELEASE INFORMATION

NAME: _____
Last First M.

OTHER NAMES: _____
(aka's, prior marriages, maiden names)

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: ____-____-_____

DL #: _____ STATE: __ EXPIRES: __/__/_____

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to permit the Morrice Police Department to review my credit record, juvenile or adult probation records, medical records and employment records; including but not limited to personnel files, background files, internal investigations files and training files. They are also authorized to copy any material contained therein.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the requested information.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature. The original of this form is maintained at the Morrice Police Department and will be made available upon request.

The information is to be used to assist the Morrice Police Department is determining my fitness and qualifications for a position of trust and responsibility.

This release will expire one (1) year after the date signed.

Signature: _____ Date: _____

Witness: _____ Date: _____