NOW HIRING

+ Applications open for the position of Police Officer

Applications are being accepted on a rolling basis until all currently vacant positions are filled. The hiring process consists of initial application review and an in-person interview by a three member panel. Our process moves quickly and conditional offers of employment can be made within days after interviews are concluded.

+ Pay and Benefits

- Top Pay - $88,732, reach $91,340 in 2026.
- $1,000 annual gun allowance, $750 annual cleaning allowance.
- Reach top pay in 3 years; Lateral hires start at rate commensurate with their experience.
- Time and a half pay for working 6 specific holidays.
- 19% Defined Contribution Plan (14% employer contribution, 5% employee)
- Health Care and Life Insurance
- Health Care Savings Account - 3% of base pay employer contribution, 3 employee

+ Assignments

- Road Patrol
- Detective Bureau (5% pay increase)
- School Resource Officer (5% pay increase)
- Oakland County Narcotics Enforcement Team (NET)
- Oakland County Auto Theft Unit (OCAT)
- DEA Task Force Officer
- Special Operations Unit
- K9 Unit

+ Additional Opportunities

- Field Training Officer
- Accident Investigation
- Evidence Technician
- Motor Unit
- Training Team - Become a certified instructor in firearms, defensive tactics, less lethal, etc.
- Oakland County Search and Rescue Team

To apply: Use QR code or Visit waterfordmi.gov and select "Job Openings" to submit an application.

For questions, please call HR at 248-674-6252 or email *recruiting@waterfordmi.gov*

WATERFORD TOWNSHIP

5200 Civic Center Drive
Waterford, Michigan 48329-3773
Telephone: (248) 674-6252 Fax: (248) 618-7519
www.waterfordmi.gov

Mark R. Simlar
Human Resource Director
msimlar@waterfordmi.gov

PLEASE READ & FOLLOW DIRECTIONS CAREFULLY

Dear Police Applicant:

This Application **and** documentation of the following requirements **must** be returned to the Human Resource Department. (We will not make copies) Applications will be accepted ongoing, with no cut-off date, until further notice.

Eligibility to apply for testing for Police Officer:

1. Certified or Certifiable Police Officer in the State of Michigan and documented proof of a passing score on the M.C.O.L.E.S. Written and Physical agility tests. (or)

   Currently enrolled or eligible to enroll in an accredited police academy. Must submit verification of enrollment or eligibility for enrollment with application. Passing score on the M.C.O.L.E.S Written and Physical agility tests. Proof of successful completion of the academy must be submitted within (14) fourteen days of graduation. Without successful completion, applicant will be disqualified.

   And one of the following:

   A. A minimum of 60 credit hours of college from an accredited college or university (**Official** Transcripts)

   B. Veteran with (4) four years of continuous active military service under honorable conditions within (5) five years of application cut-off (or)

   C. (2) two years employment as a certified full-time police officer in the State of Michigan as established by M.C.O.L.E.S. within (2) two years of application cutoff.

If a sworn officer in another state, documented proof of your out of State certification taken through M.C.O.L.E.S.

Bonus Points: If you have military or police experience you may be eligible for Civil Service bonus points. If you wish to receive bonus points you are required to provide documentation of any military or police experience at time of application. Documentation for Police experience is a signed letter from your department on department letterhead giving exact dates of full-time employment, Documentation for Military experience is your DD-214.

If you have questions about employment or the testing process, please call Human Resources at (248) 674-6252.

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Full-time Police Officer

Applications are considered for employment without regard to race, color, religion, sex, national origin, age, marital status and in compliance with State and Federal regulations on handicappers civil rights. Under the Michigan Handicappers' Civil Rights Act, a handicapper may allege a violation of the Act regarding the failure to accommodate only if the handicapper notifies the employer in writing of the need for accommodation within 182 days after the date the handicapper knew or reasonable should have known that an accommodation was needed.

PLEASE PRINT IN BLACK INK OR TYPE

DATE: _____

NAME: _____
Last First Middle

ADDRESS: _____
No. Street City State Zip

TELEPHONE: _____ _____
(Area Code & Home Number) (Area Code & Work Number)

EMAIL ADDRESS: _____

DATES OF ABOVE RESIDENCE: _____
From To

S.S. Number _____ - _____ - _____ DRIVER'S LICENSE NO: _____

PREVIOUS ADDRESS: _____
No. Street City State Zip

U.S. CITIZEN? YES ____ NO ____ HIGH SCOOL GRADUATE? YES ____ NO ____

HAVE YOU EVER BEEN ARRESTED OR CONVICTED FOR A CRIME? YES ____ NO ___
_____

ARE YOU NOW UNDER CHARGES FOR A CRIME? YES ____ NO ____

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM A JOB? YES ____ NO ____

LIST ALL TRAFFIC OFFENSES FOR THE LAST THREE YEARS (INCLUDE DATES):

_____
_____
_____
_____
_____
_____

HAVE YOU EVER HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED? YES ____ NO ____

HAVE YOU EVER BEEN REQUIRED TO ATTEND DRIVER SAFETY SCHOOL? YES ____ NO ____

HAVE YOU EVER BEEN INVOLVED IN AN ACCIDENT IN WHICH YOU RECEIVED A TRAFFIC CITATION? YES ____ NO ____

HAVE YOU EVER BEEN IN MILITARY SERVICE? YES ____ NO ____

DATE ENTERED: _____ DATE OF DISCHARGE: _____

TYPE OF DISCHARGE: _____ RANK UPON DISCHARGE: _____

BRANCH OF SERVICE: _____

JOB CLASSIFICATION IN SERVICE & TRAINING: _____

EDUCATIONAL BACKGROUND

CIRCLE HIGHEST GRADE COMPLETED
HIGH SCHOOL ☐9☐10☐11☐12 COLLEGE ☐1☐ 2☐ 3☐4☐ 5

HIGH SCHOOL GED? YES _____ NO _____

SCHOOL	NAME & ADDRESS	DATES	MAJOR	GRADE AVR. DEGREE
GRADE SCHOOL				
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
BUSINESS SCHOOL				
MILITARY				

We do not accept faxed copies of applications or documents

EMPLOYMENT HISTORY

LIST BELOW YOUR EMPLOYMENT HISTORY STARTING WITH YOUR PRESENT OR MOST RECENT JOB FIRST. If ADDITIONAL SPACE IS REQUIRED, LIST ON A SEPARATE SHEET AND ATTACH TO APPLICATION. **PLEASE** COMPLETE IN DETAIL.

1. EMPLOYER: _____

   ADDRESS: _____
   No. Street City State Zip

   TELEPHONE NUMBER: _____ YOUR JOB TITLE: _____

   DATE STARTED: _____ DATE TERMINATED: _____

   WAGES: $ _____ PER: _____ SUPERVISOR'S NAME: _____

   REASON FOR LEAVING: _____

2. EMPLOYER: _____

   ADDRESS: _____
   No. Street City State Zip

   TELEPHONE NUMBER: _____ YOUR JOB TITLE: _____

   DATE STARTED: _____ DATE TERMINATED: _____

   WAGES: $ _____ PER: _____ SUPERVISOR'S NAME: _____

   REASON FOR LEAVING: _____

3. EMPLOYER: _____

   ADDRESS: _____
   No. Street City State Zip

   TELEPHONE NUMBER: _____ YOUR JOB TITLE: _____

   DATE STARTED: _____ DATE TERMINATED: _____

   WAGES: $ _____ PER: _____ SUPERVISOR'S NAME: _____

   REASON FOR LEAVING: _____

4. EMPLOYER: _____

   ADDRESS: _____
   No. Street City State Zip

   TELEPHONE NUMBER: _____ YOUR JOB TITLE: _____

   DATE STARTED: _____ DATE TERMINATED: _____

   WAGES: $ _____ PER: _____ SUPERVISOR'S NAME: _____

   REASON FOR LEAVING: _____

MAY WE CONTACT PRESENT AND/OR ALL PREVIOUS EMPLOYERS? YES _____ NO _____

LIST EXCEPTIONS AND REASONS: _____

LIST HOBBIES, LEISURE TIME ACTIVITIES AND INTERESTS: _____

_____

_____

LIST ALL CLUBS, FRATERNITIES, BUSINESS, PROFESSIONAL CIVIC OR OTHER ORGANIZATIONS TO WHICH YOU BELONG: (EXCLUDE THOSE WHICH INDICATE RACE, CREED, COLOR OR NATIONAL ORIGIN):

_____

_____

CHARACTER REFERENCES (EXCLUDE RELATIVES AND FORMER EMPLOYERS)

1. _____ _____
   Name Address

   _____ _____
   Telephone Number Occupation

2. _____ _____
   Name Address

   _____ _____
   Telephone Number Occupation

3. _____ _____
   Name Address

   _____ _____
   Telephone Number Occupation

CREDIT REFERENCES – (Ex: Mortgage Company, Financial Institution, Credit Card, Car loans etc.)

	Name	Address	Telephone Number
1.			
2.			
3.			

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WHY ARE YOU INTERESTED IN EMPLOYMENT WITH THE WATERFORD TOWNSHIP POLICE OR FIRE DEPARTMENT?

_____

_____

_____

_____

_____.

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AGREEMENT AND UNDERSTANDING

THE INFORMATION FURNISHED ON THIS APPLCATION AND SUPPLEMENTS THEREOF IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE WATERFORD TOWNSHIP TO VERIFY OR INVESTIGATE THIS INFORMATION AND ALSO AUTHORIZE THE ORGANIZATIONS AND PERSONS NAMED IN THE APPLICATION TO RELEASE INFORMATION REGARDING ME. I UNDERSTAND THAT MY FURNINSHING OF ANY FALSE INFORMATION ON THIS OR ANY TOWNSHIP RECORD IS REASON FOR DISQUALIFICATION AS A CANDIDATE FOR EMPLOYMENT OR CAUSE FOR TERMINATION IF I AM EMPLOYED. I AGREE TO HOLD THE CHIEF OF POLICE, FIRE CHIEF, THE TOWNSHIP BOARD, TOWNSHIP OFFICIALS AND THE CIVIL SERVICE COMMISSION AND THEIR EMPLOYEES OR AGENTS HARMLESS FROM ANY AND ALL DAMAGE THEY MIGHT SUFFER BY REASON OF ANY ACT OR COMMISSION OF MINE.

____Placing a check in the box serves two purposes: (1) that the person filing this form is the actual applicant (2) The person understands and agrees to this provision.

UNDER THE PROVISIONS OF THE OPEN MEETING ACT, PUBLIC ACT NO. 267 OF 1976, PASSED BY THE STATE OF MICHIGAN AND EFFECTIVE APRIL 1, 1977, I UNDERSTAND THE REVIEW OF MY APPLICATION FOR EMPLOYMENT BY THE WATERFORD TOWNSHIP CIVIL SERVICE COMMISSION IS SUBJECT TO AN OPEN PUBLIC MEETING.

I HEREBY REQUEST A WAIVER, SO THAT MY APPLICATION FOR EMPLOYMENT IS NOT REVIEWED AT A PUBLIC MEETING, BUT INSTEAD THAT MY APPLICATION REMAIN CONFIDENTIAL UNDER THE PROVISIONS OF THIS ACT. BY SIGNING BELOW, THIS MEANS I WISH TO HAVE MY APPLICATION REVIEWED IN A CLOSED MEETING.

____My application can be reviewed in an open meeting ____I do not want an open meeting

I AUTHORIZE THE CHARTER TOWNSHIP OF WATERFORD TO RELEASE ANY INFORMATION (EVEN IF MORE THAN FOUR YEARS OLD) RELATING IN ANY WAY TO MY EMPLOYMENT INCLUDING DISCIPLINARY REPORTS, LETTERS OF REPRIMAND OR OTHER NOTICES OF DISCIPLINARY ACTION WHEN SUCH INFORMATION IS REQUESTED BY ANY PROSPECTIVE OR SUBSEQUENT EMPLOYERS WITHOUT ANY OBLIGATION (BY THEM OR YOU) TO GIVE ANY NOTICE OF SUCH DISCLOSURE.

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I UNDERSTAND THAT ANY EMPLOYMENT OFFER IS CONDITIONAL UPON THE RESULT OF A DRUG SCREENING TEST, A POST OFFER PRE-EMPLOYMENT MEDICAL EXAMINATION AND PSYCHOLOGICAL EVALUATION.

____Placing a check in the box serves two purposes: (1) that the person filing this form is the actual applicant (2) The person understands and agrees to this provision.

IF EMPLOYED, I UNDERSTAND THAT IF I AM OR BECOME HANDICAPPED IN NEED OF ACCOMMODATIONS FOR EMPLOYMENT, I MUST NOTIFY THE OFFICE OF FISCAL & HUMAN RESOURCES IN WRITING WITHIN 182 DAYS AFTER THE NEED IS KNOWN OR REASONABLY SHOULD HAVE BEEN KNOWN TO ME. FAILURE TO PROPERLY NOTIFY THE TOWNSHIP WILL PRECLUDE ANY CLAIM THAT THE EMPLOYER FAILED TO ACCOMMODATE THE HANDICAPPER.

___ Placing a check in the box serves two purposes: (1) that the person filing this form is the actual applicant (2) The person understands and agrees to this provision.

I UNDERSTAND THAT, AS A CONDITION OF MY CONSIDERATION FOR EMPLOYMENT WITH THE CHARTER TOWNSHIP OF WATERFORD ("TOWNSHIP") AND AS A CONDITION OF MY CONSIDERATION FOR EMPLOYMENT WITH THE TOWNSHIP, THE TOWNSHIP MAY OBTAIN A CONSUMER REPORT THAT INDICATES, BUT IS NOT LIMITED TO, MY CREDITWORTHINESS OR SIMILAR CHARACTERISTICS, EMPLOYMENT AND EDUCATION VERIFICATION, SOCIAL SECURITY VERIFICATION, CRIMINAL AND CIVIL HISTORY, PERSONAL INTERVIEWS, DRIVING RECORDS, ANY OTHER PUBLIC RECORDS AND ANY OTHER INFORMATION BEARING ON MY CREDIT STANDING, CREDIT CAPACITY, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND TRUSTWORTHINESS.

I HEREBY AUTHORIZE AND CONSENT TO THE TOWNSHIP'S PROCUREMENT OF SUCH A REPORT. I UNDERSTAND THAT, PURSUANT TO THE FEDERAL FAIR CREDIT REPORTING ACT, THE TOWNSHIP WILL PROVIDE ME WITH A COPY OF ANY SUCH REPORT IF THE INFORMATION IN SUCH REPORT IS, IN ANY WAY, TO BE USED IN MAKING A DECISION REGARDING MY FITNESS FOR EMPLOYMENT WITH THE TOWNSHIP. I FURTHER UNDERSTAND THAT SUCH REPORT WILL BE MADE AVAILABLE TO ME PRIOR TO ANY SUCH DECISION BEING MADE, ALONG WITH THE NAME AND ADDRESS OF THE REPORTING AGENCY THAT PRODUCED THE REPORT.

____Placing a check in the box serves two purposes: (1) that the person filing this form is the actual applicant (2) The person understands and agrees to this provision.

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AGREEMENT AND UNDERSTANDING
(CONTINUED)

I AGREE THAT ANY LAWSUIT AGAINST THE TOWNSHIP ARISING OUT OY MY EMPLOYMENT OR TERMINATION OF EMPLOYMENT, INCLUDING BUT NOT LIMITED TO, CLAIMS ARISING UNDER THE STATE OR FEDERAL CIVIL RIGHTS STATUTES, MUST BE FILED WITHIN ONE YEAR OF THE EVENT GIVING RISE TO THE CLAIMS OR BE FOREVER BARRED. I WAIVE ANY LIMITATIONS PERIOD TO THE CONTRARY.

____Placing a check in the box serves two purposes: (1) that the person filing this form is the actual applicant (2) The person understands and agrees to this provision.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE CHARTER TOWNSHIP OF WATERFORD. I FURTHER ACKNOWLEDGE I WILL BE ON PROBATIONARY STATUS FROM MY DATE OF HIRE. AS A PROBATIONARY EMPLOYEE, I AM REQUIRED TO WORK DURING THE PROBATIONARY PERIOD WITHOUT INTERRUPTIONS. AS A PROBATIONARY EMPLOYEE, I UNDERSTAND MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED AT ANY TIME WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT THE OPTION OF THE TOWNSHIP OR MYSELF. I UNDERSTAND THAT NO OFFICER OR REPRESENTATIVE OF THE TOWNSHIP HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, EXCEPT THE TOWNSHIP SUPERVISOR, AND ANY SUCH AGREEMENT MUST BE MADE IN WRITING, DIRECTED TO ME PERSONALLY. I FURTHER ACKNOWLEDGE THAT AFTER MY PROBATIONARY PERIOD ENDS, I WILL BE SUBJECT TO THE TERMS AND CONDITIONS OF A COLLECTIVE BARGAINING AGREEMENT.

____Placing a check in the box serves two purposes: (1) that the person filing this form is the actual applicant (2) The person understands and agrees to this provision.

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RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN

I hereby authorize any representative of the Charter Township of Waterford bearing this release to obtain information from your files or other sources pertaining to my personal background including, but not limited to, academic, athletic, achievement, attendance, personal history, disciplinary action, medical, credit or any other records you may have regarding me. I hereby direct you to release such information upon the request of the bearer. This release is executed with the full knowledge and understanding that the information is for the official use of the Charter Township of Waterford. Consent is granted for the Charter Township of Waterford to furnish such information as is described above, to third parties in the course of the Charter Township of Waterford fulfilling its official responsibilities with regard to my application for employment. I hereby release you, the institution or establishment which you represent including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below:

FULL NAME (PRINT OR TYPE) _____

_____ _____

DATE OF BIRTH TELEPHONE NUMBER

_____ _____

DRIVER'S LICENSE NUMBER SOCIAL SECURITY NUMBER

_____

CURRENT ADDRESS: NUMBER & STREET NAME CITY STATE ZIP

____**Placing a check in the box serves two purposes: (1) that the person filing this form is the actual applicant (2) The person understands and agrees to this provision.**

DATE

Authority: Act 78 of P.A. of 1935
Act 155 of P.A. of 1986

Completion Voluntary

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You can save and email your application with attachments to award@waterfordmi.gov

ALL DOCUMENTS MUST BE SUBMITTED WITH YOUR APPLICATION