

BOARD OF TRUSTEES
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Mark R. Simlar
Human Resource Director
msimlar@waterfordmi.gov

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

PLEASE READ & FOLLOW DIRECTIONS CAREFULLY

January 10, 2020

Dear Police Applicant:



This Application **and** documentation of the following requirements **must** be returned to the Human Resource Department by 4:00 p.m., on March 27, 2020. (We will not make copies)

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 in an accredited police academy. Must submit verification of 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.

2. EMPCO, INC. written exam – passing score of 70 or better. Go to <https://www.empcoco.net/testing/> for testing information. **Must be taken prior to application cut off.**

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.

WATERFORD TOWNSHIP

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

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 SCHOOL 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 ___

We do not accept faxed copies of applications or documents

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 9101112 COLLEGE 12345

HIGH SCHOOL GED? YES ___ NO ___

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

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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. _____ | _____ | _____ |

We do not accept faxed copies of applications or documents

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

We do not accept faxed copies of applications or documents

AGREEMENT AND UNDERSTANDING

THE INFORMATION FURNISHED ON THIS APPLICATION 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 FURNISHING 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.

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 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 OF 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**

Michigan Commission on Law Enforcement Standards
 927 Centennial Way, PO Box 30633, Lansing, MI 48909
 517-636-7864

WAIVER & AUTHORIZATION FOR RELEASE OF INFORMATION

Sections A & B to be completed by all applicants (non-licensed, currently licensed, or previously licensed law enforcement officers)

Section A - Type or print only:

| | | | | | |
|---|--|----------------|--------------|-----------------------|--------|
| Last Name: | | First Name: | Middle Name: | Suffix (Jr, Sr, III): | |
| Social Security No.*: | | Date of Birth: | Phone No.: | Gender†: | Race‡: |
| Residence Address (Street, City, State, Zip): | | | | Highest Degree: | |
| Drivers License No.: | | Issuing State: | E-Mail: | | |

Section B – Authorization for release of information:

I hereby authorize any individual, agency or organization to furnish to the Michigan Commission on Law Enforcement Standards, the Waterford Township Police Department¹, their representatives and/or agents (including, but not limited to, academies or contractors) any and all information pertaining to my background and ability to comply with the standards for selection, employment, training and licensing as a law enforcement officer. Such information includes, but is not necessarily limited to: employment, criminal, academic, military, and personal histories; academic, attendance, and driving records; and medical records (includes medical/psychological, including diagnosis and prognosis, if any).

I hereby authorize any individual, agency or organization to release such information upon request. This authorization is executed with the full knowledge and understanding that the information is for official use by the Michigan Commission on Law Enforcement Standards and the Waterford Township Police Department¹.

Further, I hereby authorize the Michigan Commission on Law Enforcement Standards to release any and all records collected pursuant to this authorization to any individual, agency or organization for the legitimate purposes of fulfilling the Commission's statutory and administrative objectives.

I hereby release any individual, agency or organization, including its officers, employees and related personnel, both individually and collectively, from any and all damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it.

This Authorization shall continue in effect until revoked by me in writing. A photostatic copy of this Authorization shall have the same force as the original.

| | |
|----------------------|---------------|
| Applicant Signature: | Today's Date: |
|----------------------|---------------|

*****Section C to be completed by current or previously licensed law enforcement officers only*****

Section C – Former Michigan employing law enforcement agency authorization:

I hereby authorize any and all of my former employing Michigan law enforcement agencies to provide the Waterford Township Police Department¹, with a copy of the record regarding the reason or reasons for, and circumstances surrounding, my separation of service created by any former employing law enforcement agency or agencies. **(Under 2017 PA 128, MCL§28.561, et seq. a hiring law enforcement agency shall not hire a law enforcement officer unless the hiring law enforcement agency receives the record regarding the reason or reasons for, and circumstances surrounding, a separation of service from each prior employing law enforcement agency.)**

| | |
|----------------------|---------------|
| Applicant signature: | Today's Date: |
|----------------------|---------------|

| |
|---|
| AUTHORITY: 1965 PA 203; 2017 PA 128 COMPLIANCE: Voluntary PENALTY: No License Activation/ Employment/ Academy Enrollment |
|---|

| |
|---|
| * This information is confidential. Confidential information is protected by the Federal Privacy Act. |
|---|

| |
|---|
| † This information is for the purposes of EEO reporting only. |
|---|

¹ Type or print the name of the hiring law enforcement agency or the enrolling academy.