# Charter Township of Brownstown Police Officer Recruit Information

### General Information

Thank you for your interest in the Police Officer position with the Charter Township of Brownstown. The application process consists of three steps: application, written exam, and interview.

**The POLICE OFFICER Application** must be completed in its entirety. (NOTE: This is a different application than the general Township application)

The application must be either mailed via US Postal Service or hand-delivered to: Clerk's Department
Charter Township of Brownstown
21313 Telegraph Road
Brownstown, MI 48183

## E-mailed or faxed applications will not be accepted.

You must receive a passing score on the tests in order to continue in the process.

1

Offical Use Only Date / Time Received:
Received by:

# **BROWNSTOWN POLICE DEPARTMENT**

# **Police Officer Application**

### NO EMAIL APPLICATIONS WILL BE ACCEPTED

Mailing Address:  Street  City State Zip  Home Phone:()  Social Security Number  I am over the age of 21  I will be age 21 by  RELATED EXPERIENCE: In order to be eligible for testing you must meet one of the following:  I am currently Michigan MCOLES certified  Certification #	NAME (please type or print):						
Street   City   State   Zip	Last		First	MI		Email addres	SS
Alternate Phone: Alternate Phone:	Mailing Address:						
RELATED EXPERIENCE: In order to be eligible for testing you must meet one of the following:    I am currently Michigan MCOLES certified   Certification # (Attach copy of certification)    I am eligible for Michigan MCOLES certification (You must meet one of the two criteria below)    I have graduated from (Name of academy). My test is scheduled for (date)    I am certified in another state   Certification # State (Attach copy of certification)    I am currently enrolled in a MCOLES academy (enrolled at the time of application and will be actively attending at the time of interview)    Name of Academy Anticipated Grad Date	Home Phone:()			•		•	Zip
□ I am currently Michigan MCOLES certified Certification # (Attach copy of certification) □ I am eligible for Michigan MCOLES certification (You must meet one of the two criteria below) □ I have graduated from (Name of academy). My test is scheduled for (date) □ I am certified in another state Certification # State (Attach copy of certification) □ I am currently enrolled in a MCOLES academy (enrolled at the time of application and will be actively attending at the time of interview) Name of Academy Anticipated Grad Date	Social Security Number		I am over the	age of 21	☐ I will be a	ge 21 by	
□ I am eligible for Michigan MCOLES certification (You must meet one of the two criteria below) □ I have graduated from(Name of academy). My test is scheduled for(date) □ I am certified in another state Certification # State(Attach copy of certification) □ I am currently enrolled in a MCOLES academy (enrolled at the time of application and will be actively attending at the time of interview) Name of Academy Anticipated Grad Date	RELATED EXPERIENCE: In order to be e	ligible for testing you	must meet one	of the followi	ng:		
☐ I have graduated from(Name of academy). My test is scheduled for (date) ☐ I am certified in another state Certification # State (Attach copy of certification) ☐ I am currently enrolled in a MCOLES academy (enrolled at the time of application and will be actively attending at the time of interview)  Name of Academy Anticipated Grad Date	☐ I am currently Michigan MCOLES certified	d Certification	#	(A	ttach copy of cer	tification)	
☐ I am certified in another state Certification # State (Attach copy of certification) ☐ I am currently enrolled in a MCOLES academy (enrolled at the time of application and will be actively attending at the time of interview)  Name of Academy Anticipated Grad Date	☐ I am eligible for Michigan MCOLES certif	ication (You must m	eet one of the	two criteria I	below)		
□ I am currently enrolled in a MCOLES academy (enrolled at the time of application and will be actively attending at the time of interview)  Name of Academy Anticipated Grad Date	☐ I have graduated from	(Name o	of academy). M	y test is sched	luled for		_ (date)
					•		
Other information you feel would be helpful in considering you for employments	Name of Academy			Anticipa	ated Grad Date_		
A DECENDADA DA VOA TEEL WOOLD DE DEIDIG IN CONSIDENDO VOU TOL ENDOVINENT.	Other information you feel would be helpful	in considering you for	r employment:				
<b>EDUCATION:</b> Please circle highest grade completed. 12 13 14 15 16 16+	<b>EDUCATION:</b> Please circle highest gra	de completed. 12 1	3 14 15 16 1	16+			
High School GED or Diploma: \( \text{DYState} \)	High School		City/State		GED	or Diploma:	□Yes □No
College/UniversityDegree & Major	College/University		City/State		Degr	ee & Major	
<b>EMPLOYMENT HISTORY:</b> List your work history below. <b>Start with your present, or most recent, position and go back through your experience at least 10 years or back through age 18 (whichever is shorter).</b> Include military service and volument in your work history in chronological order. Identify by month and year any period of unemployment of six months or more. explain the circumstances for any positions from which you have been fired or terminated. <b>This section MUST be complete.</b> Additional sheets if necessary.	through your experience at least 10 ye work in your work history in chronological explain the circumstances for any position	ears or back through order. Identify by n	gh age 18 (when nonth and year	nichever is s or any period	<b>horter).</b> Includ of unemploymer	e military ser nt of six mont	vice and voluntents or more. Als
Current or Most Recent Employer	Current or Most Recent Employer						
□ Full Time □ Part □ □ Full Time □ Part □ □ Full Time □ Part □			(	)			
Company Name City/state Phone Number of Supervisor	Company Name	City/state	— ( Pr	none Number	of Supervisor	L Volum	001
Fromto	Fromto						
Date Employed Job Title Supervisor Name DUTIES:							

Salary \$per	(Hour, Week, Month)	Reason For Leaving		
May we contact this employer?	□ Yes □ No	Or wanting to leave:		
Second Most Recent Employer			□Full Time □	]Part Time
Company Name	City/state	( ) Phone Number of Supervisor		
From toto	Job T	·		
Salary \$per_	(Hour, Week, Month)			
May we contact this employer?	□ Yes □ No			
Third Most Recent Employer		, ,	□ Full Time □Volunteer	□ Part Time
Company Name	City/state	Phone Number of Supervisor		
Fromto Date Employed	Job T	itle Supervisor Name		
DUTIES:		·		
Salary \$per	(Hour, Week, Month)	Reason For Leaving		
May we contact this employer?	□ Yes □ No			
Fourth Most Recent Employer		( )	☐ Full Time	□ Part Time
Company Name	City/state	Phone Number of Supervisor	L Voluntool	
Fromto Date Employed		itle Supervisor Name		
DUTIES:				
Salary \$per	(Hour, Week, Month)	Reason For Leaving		
May we contact this employer?	□ Yes □ No			
Fifth Most Recent Employer		( )	□Full Time □ Volunteer	□ Part Time
Company Name	City/state	Phone Number of Supervisor		
From to				

Date En	nployed		Job Title	Supe	rvisor Name		
DUTIES:							
Salary \$	per	(Hour,	Week, Month)	Reason For Leaving			
May we contact this	employer?	□ Yes	□ No				
Sixth Most Recent	Employer			( )		□ Full Time □ Volunteer	□ Part Time
Company Name			City/state	Phone Number of Super	visor	_ voidintooi	
From Date En			Job Title	Supe	rvisor Name		
DUTIES:							
Salary \$	per	(Hour, \	Week, Month)	Reason For Leaving			
May we contact this	employer?	□ Yes	□ No				
Seventh Most Rece	ent Employer			( )		☐ Full Time ☐ Volunteer	□ Part Time
Company Name			City/state	Phone Number of Super	visor		
From Date En			Job Title	Supe	rvisor Name		
DUTIES:							
Salary \$	per	(Hour,	Week, Month)	Reason For Leaving			
May we contact this	employer?	□ Yes	□ No				
	ATTACH AD	DITIONA	AL SHEETS IF NE	CESSARY to provide	10 years work	c experience	
MILITARY EXPERII Branch of Service: _		Dates o	of Service:	Disch	narge Classification	n:	
DRIVING RECORD	: You are apply	ing for a po	osition that will requi	re driving. Please comple	te the following.		
Driver's License Nur	mber:			_Class:	Stat	e of Issue:	
Expiration date:				_ List type, date, and disp	osition of all traffic	c violations within រុ	oast 5 years.

WORK REFERENCES: Name	Include only individuals familiar with your work ability. Phone #	<u>Do not include relatives</u> . Address, City, State, Zip
1		
2		
Are you related to any	one currently employed by the Township of Brownstown?	If yes, provide name and relationship.
Name/s		Relationship
		_ Relationship
		_ Relationship

### **Screening Checklist for Police Officer Applicants** \_\_\_\_\_ (*print name*), am willing to undergo a comprehensive background investigation, including contacts with all references, employers, co-workers, close personal associates and family, and agree to allow a representative of the Brownstown Police Department to review my driving record, credit history, criminal records and history, and military records. I understand that I will submit to a pre-employment psychological evaluation, physical evaluations and a urinalysis drug test. I am aware that failure to fully submit to these listed reviews and evaluations will be grounds for disqualification from the selection process. Signature \_\_\_\_\_ AN IMPORTANT MESSAGE ABOUT TRUTHFULLNESS... One of the fundamental requirements of working in law enforcement is the ability of an individual to adhere to and demonstrate the highest legal and ethical standards. The Brownstown Police Department has an unwavering stand on untruthfulness and dishonesty that can result in the dismissal of an employee who engages in such misconduct. The same standard applies in the hiring and selection process. Unfortunately, it is our experience that a number of applicants in each hiring process will fail due to such misconduct. If you are untruthful, dishonest, knowingly omit, falsify, conceal or obscure required information, or engage in any similar misconduct or deception during any part of the application and hiring process, you may be permanently disqualified from being employed by the Brownstown Police Department. Information regarding a candidate's disqualification may also be made available to other law enforcement agencies with an authorized request. Please circle the correct answer to the following questions. If you answer "yes" to any question you must provide additional information about the circumstances, including dates. Attach additional pages if necessary. A "Yes" answer may not automatically bar an applicant from employment, however, you must provide detailed information about each "Yes" response. Failure to provide the information requested will disqualify you from the process. The relationship of the conviction to the job, as well as the severity and the passage of time will all be considered. Have you ever: 1. Been convicted by any court of a felony or entered a guilty Yes or No or nolo contendere plea? Used any illegal drugs in the last 2 years? 2. Yes or No Yes or No \_\_\_\_ 3. Used any hallucinogenic drugs? Used Heroin, PCP, steroids or methamphetamine? Yes or No 4. 5. Been arrested for DWI or DUI in the last three years? Yes or No \_\_\_\_ Sold any illegal drug at any time in your life? 7. Yes or No Been convicted of, or entered a guilty plea to any assault in a domestic setting? 8. Yes or No \_\_\_\_\_ Falsified any document, form, testimony, or pleading as an officer of the 9.

court or as a witness?

Omitted, misstated or falsely stated any information, in writing or orally

during an application process with any agency?

10.

Yes or No

Yes or No

Write a short paragraph exp	plaining: a) why you are interested in becoming a police officer and, b) why you are applying with
the Brownstown Fonce Dep	artinent.
AFFIDAVIT:	
any kind. I authorize the comqualifications. I authorize themployment which may includamage for issuing this information.	on by me to the foregoing questions and statements are true and correct without consequential omissions of apanies, schools or persons named above to give any information regarding my employment, character and the Brownstown Police Department to conduct a background investigation pertaining to my suitability for dea criminal history check. I hereby release said companies, schools or persons from all liability for any mation. I understand and agree that any misleading or incorrect statements or omissions may render this byed could be cause for termination and this employer shall not be liable in any respect for such action or
	statement in this document or willful misrepresentation will result in disqualification from the application ation is discovered after hiring, I may be subject to an inquiry and appropriate administrative or disciplinary ermination.
Drug and Alcohol Policy. Ad	ent with the Brownstown Police Department I understand that, if hired, I must comply with the Employee ditionally, I agree to submit to a physical exam, pre-employment drug screening test, a polygraph test, and Charter Township of Brownstown.
N	OTE: APPLICATIONS MUST HAVE ORIGINAL SIGNATURES
	EMAILED OR FAXED APPLICATIONS WILL BE ACCEPTED
Applicant Signature	Date