



NEW BALTIMORE

POLICE

"SECURING OUR COMMUNITY, PRESERVING YOUR SAFETY AND TRUST."

37885 Green Street, New Baltimore, and MI. 48047 *Phone: (586) 725-2181

www.newbaltimorepolice.org

APPLICATION FOR EMPLOYMENT

(Pre-employment Questionnaire) (An Equal Opportunity Employer)

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications. Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application.

You may attach a résumé or any certifications if desired.

POSITION APPLYING FOR:		Application Date:		
PERSONAL DATA				
Name (Last, First, Middle)		E-mail Address		
Street Address	City	State	Zip	
Primary Phone Number	Alternate Phone	Date of Birth		
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?				
YES _____ NO _____				
DATE YOU CAN START	SALARY DESIRED	ARE YOU EMPLOYED NOW?		
IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	EVER APPLIED TO THIS EMPLOYER BEFORE?	IF YES, WHEN? / WHERE?		
REFERRED BY:				
EDUCATION	NAME AND LOCATION OF SCHOOL	*NUMBER OF YEARS ATTENDED	* DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				
GENERAL				
SPECIAL STUDIES, RESEARCH WORK:				
SPECIAL SKILLS:				
ACTIVITIES: (Civic, Athletic, Etc.) Exclude organizations, Names of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members.				

(CONTINUE ON OTHER SIDE)

U.S. MILITARY OR ARMED SERVICE?	BRANCH	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
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FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY/WAGE	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

Which of these jobs did you like best?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS AQUAINTED
1.				
2.				
3.				

EMERGENCY CONTACT :

"I certify that ALL the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

REMARKS

NEATNESS:

ABILITY:

HIRE: Y / N

SALARY/WAGE:

START DATE:

APPROVED BY: