

Village of Pinckney

POLICE DEPARTMENT - APPLICATION FOR EMPLOYMENT

Return to: Pinckney Police, 220 S. Howell St, Pinckney MI, 48169

Position Desired: _____

APPLICANT INFORMATION

Name (Last, First, Middle): _____

Address: _____

Telephone: () _____

Social Security Number: _____

Driver License Number: _____ State Issued In: _____

Email Address: _____

Are you eligible to work in the United States? ____ Yes ____ No

Are you 21 years or older? ____ Yes ____ No

TRAFFIC – CRIMINAL HISTORY

Number of traffic tickets in the last year (excluding parking tickets): ____

Number of accidents in the past three years: ____

List the dates / locations of the accidents: (use a separate sheet if necessary)

1. _____

2. _____

3. _____

Were any citations issued to you as a result of the accidents? _____

List the Violation and Issuing Agency:

1. _____

2. _____

3. _____

Have you ever been arrested? ____ Yes ____ No

If yes, give details: _____

Were you in the military: ___ Yes ___ No

Branch of Service: _____

Date discharged: _____ Type of discharge: _____

EDUCATION

High School attended: _____ City and State: _____

Year graduated: _____ City and State: _____

College attended: _____ Degree attained: _____

If no degree, how many credit hours accumulated? _____

Other schools attended: _____

EMPLOYMENT HISTORY

Prior work history (list in order, last or present employer first):

	Dates From: To:	Name and address of employer	Rate of pay Start: Finish	Supervisor Name and title	Reason for leaving
1.	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

REFERENCES

(excluding former employers or relatives):

	Name and Occupation	Address	Telephone Number
1.	_____	_____	_____
	_____	_____	_____
2.	_____	_____	_____
	_____	_____	_____
3.	_____	_____	_____
	_____	_____	_____

Special skills: _____

Emergency contact and relationship: _____

Address and telephone: _____

Pinckney Police Department
220 S. Howell St
Pinckney MI 48169
734-878-3700
734-878-4432 (fax)

Pre-employment investigation information release

Applicant name: _____ Date of birth: _____

Social Security number: _____

To Whom It May Concern:

I am an applicant for a position with the Pinckney Police Department. As provided by policy, a pre-employment background investigation must be conducted to determine my fitness for this position.

In order for the Pinckney Police Department to conduct a comprehensive investigation, it will be necessary for certain information that might otherwise be confidential to be released to them.

This release authorizes disclosure of records including, but not limited to: Criminal History, driving record, educational records, and credit records.

By copy of this form, I hereby authorize the release (including duplication of records) to the Pinckney Police Department of any and all records concerning me that you may hold.

Signature of Applicant

Date