

**ALMONT POLICE DEPARTMENT  
PRE-EMPLOYMENT  
QUESTIONNAIRE**



## **DIRECTIONS**

The Almont Police Department endeavors to employ those individuals who possess the highest levels of personal integrity and character. Police Officers of this Department, as well as those of any other law enforcement agency, are held to a higher standard by those they serve, the citizen. It is our obligation to the members of our community to take all necessary steps in carefully selecting the men and women who will eventually wear the badge of an Almont Police Officer.

We make that selection based on a number of significant factors that would indicate whether the candidate is capable of performing the essential functions of a law enforcement officer, with or without reasonable accommodation. The Almont Police Department provides equal employment opportunities to all employees and applicants for employment without regard to race (including traits historically associated with race, including but not limited to hair texture and protective hairstyles), color, religion, sex, gender, pregnancy, national origin, age, physical or mental disability, genetic information, height, weight, sexual orientation, gender identity or expression, marital status, military status, or other protected status in accordance with applicable federal, state, and local laws. This policy applies to all terms and conditions of employment, including but not limited to hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

The purpose of this questionnaire is to provide the Almont Police Department with other relevant information to facilitate the oral interview and the subsequent background investigation, if the candidate moves into these phases of the hiring process.

Responses to all questions must be those of the person making the application. The accuracy or inaccuracy of any of the responses will be the sole responsibility of the applicant. Read all the questions carefully and respond as completely and clearly as possible.

Failure to respond to the questions without adequate explanation, or failure to accurately provide the information requested, will generally result in immediate disqualification.

Telephone (810) 798-8300

817 N. Main St

Fax (810) 798-2733

Almont, MI 48003

**THE ALMONT POLICE DEPARTMENT'S  
MISSION STATEMENT**

The Almont Police Department will respond to the community needs through a combined strategy of preventative, proactive and reactive policing programs, using the concept of a total and integrated team effort by all employees, the whole of which will be supported by a progressive, participatory management environment.

**PRIMARY GOAL AND OBJECTIVE**

To build a partnership, based on mutual trust, between citizens and the police department, sharing the responsibility of solving problems to provide a safe community.

We consider applicants for all positions without regard to race (including traits historically associated with race, including but not limited to hair texture and protective hairstyles), color, religion, sex, gender, pregnancy, national origin, age, physical or mental disability, genetic information, height, weight, sexual orientation, gender identity or expression, marital status, military status, or other protected status in accordance with applicable federal, state, and local laws. This policy applies to all terms and conditions of employment, including but not limited to hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

(PLEASE PRINT CLEARLY OR TYPE)

Position Applied For		Date of Application			
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-in	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other _____	
Last Name		First Name		Middle Name	
Address	Apt Number	Street	City	State	Zip Code
Home #		Cell #		Social Security Number	
Operator's License Number		State of Issuance		Type	

Are you 21 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever filed an application with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give date \_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give date \_\_\_\_\_

Is any additional information relative to a different name, necessary to check work records?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give date \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently on "lay-off" status and subject to recall?  Yes  No

In which type of position are you interested?  Full Time  Part Time

Have you applied to any other agency?  Yes  No

If yes, please describe current standing or prospect of employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Residences**

Beginning with your current address, list all the addresses where you have lived within the past 10 years.

From (Date):	To (Date):	Address:

**Family History**

Below, list names of those relatives that we may use as a reference source, other than the following: Mother, Father, Wife or Dependent Children.

Full Name	Address	
Telephone Number	Relationship	Age

Full Name	Address	
Telephone Number	Relationship	Age

Full Name	Address	
Telephone Number	Relationship	Age

Full Name	Address	
Telephone Number	Relationship	Age

Full Name	Address	
Telephone Number	Relationship	Age

<b>Education Schools</b>	Elementary School	High School	Undergraduate College/University	Graduate Professional
School Name and Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Course of Study				
List any honors you received				
List/Describe any specialized training, apprenticeship, skill sets, and extracurricular activities.				
Additional information you feel may be helpful to us in considering your application.				

**Foreign Languages you can speak, read, and/or write**

	Fluent	Good	Faire
Speak			
Read			
Write			

**Police Academy Education**

Name of Academy	From	To
Address	Street	City State Zip
Total Hours of instruction	Graduate	<input type="checkbox"/> YES <input type="checkbox"/> NO
Total Number of Recruits	Academic Ranking	
Grade Point Average		

Michigan Commission On Law Enforcement Standards (MCOLES) Certified?  YES  NO

**\*Please attach copies of Police Academy Diploma and MCOLES documentation**

**Military Service**

Have you served in the U.S. Armed Forces?  Yes  No

If Yes, Branch of Service \_\_\_\_\_ Unit Designation \_\_\_\_\_

Date of Service \_\_\_\_\_ to \_\_\_\_\_

Military Service Number \_\_\_\_\_

Highest Rank Held \_\_\_\_\_

Were you ever disciplined while in the military?  Yes  No

If Yes, please explain circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Discharge (Please circle one) HONORABLE OTHER THAN HONORABLE

Date of Discharge \_\_\_\_\_

**\*Please attach a copy of your DD214**



## Employment

Start with your present or most recent job. Include any job-related military service assignments, and volunteer activities. You may exclude organizations which indicate race (including traits historically associated with race, including but not limited to hair texture and protective hairstyles), color, religion, sex, gender, pregnancy, national origin, age, physical or mental disability, genetic information, height, weight, sexual orientation, gender identity or expression, marital status, military status, or other protected status in accordance with applicable federal, state, and local laws.

Employer		Length of Employment	Work Performed
Address		Final Hourly Rate/Salary	
Telephone Number(s)			
Job Title	Supervisor	Start Hourly Rate/Salary	
Reason for Leaving			

Employer		Length of Employment	Work Performed
Address		Final Hourly Rate/Salary	
Telephone Number(s)			
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Reason for Leaving			

Employer		Length of Employment	Work Performed
Address		Final Hourly Rate/Salary	
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Address		Final Hourly Rate/Salary	
Telephone Number(s)			
Job Title	Supervisor	Start Hourly Rate/Salary	
Reason for Leaving			

Employer		Length of Employment	Work Performed
Address		Final Hourly Rate/Salary	
Telephone Number(s)			
Job Title	Supervisor	Start Hourly Rate/Salary	
Reason for Leaving			

Employer		Length of Employment	Work Performed
Address		Final Hourly Rate/Salary	
Telephone Number(s)			
Job Title	Supervisor	Start Hourly Rate/Salary	
Reason for Leaving			

**\*If you need additional space, please continue on a separate sheet of paper.**

**Special Skills and Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experiences. \_\_\_\_\_

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**Arrests, Detentions, Court Actions**

Have you ever been arrested or taken into policy custody for ANY reason? Do not include misdemeanor arrests that did not result in a conviction. YES NO

If YES, complete the following section to explain:

Offense Charged/Reason	City, State	Date	Policy Agency	Disposition of Case

Have you ever been stopped and questioned by police for anything other than merely a traffic violation?

If YES, please explain \_\_\_\_\_

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Have you ever been called into court for anything other than a traffic violation? YES NO  
Do not respond "YES" for misdemeanor arrests that did not result in a conviction.

If YES, please explain \_\_\_\_\_

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**Arrests, Detentions, Court Actions**

Do you now, or have you had, any Civil Judgements against you? YES NO

If YES, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has your driver's license ever been suspended or revoked in any other state? YES NO

If YES, please give date, location and reasons

Date	Location	Reasons

List all traffic citations you have received in the past five years, in this or any other state. Include No Driver's License, Inspection, Insurance, Seat Belt, etc.

Offense Charged/Reason	City, State	Date	Policy Agency	Disposition of Case

## Vehicles

List below any vehicles owned and operated by you on a regular basis.

YEAR	MAKE	MODEL	COLOR	PLATE NUMBER	STATE

List below any traffic accidents in which you have been involved in, in this or any other state, within the last five years.

Approximate Date	Location	Police Agency	Describe (car/deer, 2 car, etc.)

Approximately how many miles do you drive per year? \_\_\_\_\_

Auto Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

**Financial History**

Have you ever had repossessions or charge-offs on your accounts? YES NO

If YES, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever written any checks which were returned as “Insufficient Funds”? YES NO

If YES, how many and please list the below.

Date	Bank Name and Location	Amount

**Personal Declarations**

Have you ever experimented with illegal drugs? YES NO

If YES, please list types and when \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently using any illegal drugs? YES NO

If YES, please list types and how often \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever possessed, bought, sold or furnished illegal drugs? YES NO

If YES, please list types, and approximate dates and explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Personal Declarations (continued)**

Are you willing to use deadly force, if necessary, to protect your life or the life of another (officer of civilian)? YES NO

If YES, please explain under what circumstances \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing to meet and maintain this Department’s grooming standards? YES NO

If NO, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing to perform the “Essential Job Functions” of law enforcement officer (review Job Description) with or without reasonable accommodation? YES NO

If NO, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Declarations (continued)**

Have you ever been certified or licensed by this state, or any other state, as a peace officer or a jailer? YES NO

If yes, and was not covered in the employment history, please explain here \_\_\_\_\_

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While being a certified or licensed officer, were you ever disciplined by your employer or reprimanded for conduct on or off duty (reprimand, suspicion ,suspension?) YES NO

If YES, explain here \_\_\_\_\_

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List below professional, trade, business or civic activities and offices held.

You must exclude memberships which would reveal race (including traits historically associated with race, including but not limited to hair texture and protective hairstyles), color, religion, sex, gender, pregnancy, national origin, age, physical or mental disability, genetic information, height, weight, sexual orientation, gender identity or expression, marital status, military status, or other protected status in accordance with applicable federal, state, and local laws

Name and Address	Type (Social, Fraternal, etc.)	From	To

## References

List five persons not employed by the Almont Police Department who know you well enough to provide current information about you. **Do not** list relatives. **Do not** list supervisors or coworkers who have already been listed in other sections.

Name	Years Known	Home Phone	Cell Phone
Address (number) Street	City	State	Zip
Work Name & Address (Street)	City	State	Zip

Name	Years Known	Home Phone	Cell Phone
Address (number) Street	City	State	Zip
Work Name & Address (Street)	City	State	Zip

Name	Years Known	Home Phone	Cell Phone
Address (number) Street	City	State	Zip
Work Name & Address (Street)	City	State	Zip

Name	Years Known	Home Phone	Cell Phone
Address (number) Street	City	State	Zip
Work Name & Address (Street)	City	State	Zip

Name	Years Known	Home Phone	Cell Phone
Address (number) Street	City	State	Zip
Work Name & Address (Street)	City	State	Zip



## ALMONT POLICE DEPARTMENT

### AUTHORIZATION AND UNDERSTANDING

I represent that the answers and information given by me in this application are true and complete. I understand that any incomplete, misleading, or false statements in this application or in an interview can result in immediate disqualification or termination, if hired.

I authorize **the Almont Police Department** (the “**Department**”) to verify, both at the time of application and later during my employment, if I am hired, any of the information concerning my background, including, but not limited to, my employment, driving record, education, criminal history, or medical history (post-offer only), with the appropriate individuals, companies, institutions, or agencies, and I authorize them to release such information as the Department requires, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize the Department to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release the Department and them from any liability whatsoever as a result of any such inquiries and disclosures. This release from liability does not waive or prohibit an individual from filing a charge of discrimination under the laws enforced by the EEOC. I understand that I may have to provide further information to assist in these investigations.

I do not object to signing an employment agreement on confidential information.

I understand that all appointments are probationary for a period of one year during which time the employee must demonstrate his or her fitness for continued employment by the Almont Police Department. I also understand that any appointment tendered to me will be contingent upon the results of a complete psychological, personal health, drug screen and fitness investigation. I consent to all drug testing and post-offer medical examinations, if required, during the selection process, and, if hired, all drug and alcohol testing throughout employment, if required. I consent to the release of the results of any test to authorized representatives of Department for review, and I release Department, its affiliates, officers, employees, and any person affiliated with the testing from any claims, losses, damages, or other liabilities due to any acts, omissions, or negligence arising from or related to such testing.

I understand and agree that, if I am hired, employment is “at will,” and that either I or the Department can terminate my employment and compensation, with or without cause, and with or without notice, at any time. I acknowledge that no representations, either oral or written, have been made to me to the contrary, and that any pre-existing understandings which contradict an “at will” status of employment are canceled. Further, I understand that only the Chief of Police or another authorized executive has any authority to enter into any agreement for employment for any fixed period of time, or to make any agreement contrary to the foregoing, and that any such agreement must be in writing and signed by the Chief of Police or other authorized executive and me.

In consideration of my employment, I agree to conform to and be bound by the rules, policies, regulations, and terms and conditions of employment of the Department as they exist or are, from time to time, changed. Also, I agree not to begin any claim, action, or lawsuit relating directly or indirectly to employment with the Department or the termination of such employment more than six (6) months after the event complained

of (except that a charge filed with the EEOC may be filed within the agency's 300-day period). I waive any statute of limitations to the contrary. However, I agree that any shorter statute of limitations remains in effect. This shortened period of limitations shall apply to any claim, action, or lawsuit against the Department, its parent, subsidiaries, affiliates, successors and assigns, and its/their current or former employees, members, directors, officers, or agents ("Affiliated People").

I KNOWINGLY AND VOLUNTARILY WAIVE ALL RIGHTS TO TRIAL BY JURY OF ALL CLAIMS AND DISPUTES BETWEEN ME AND THE DEPARTMENT/AFFILIATED PEOPLE.

This application for employment shall be considered active for sixty (60) days. If I wish to be considered for employment after that time period, I understand that I must inquire at that time whether or not applications are being accepted.

My signature below indicates that I have read, understand, and agree to the above paragraphs.

\_\_\_\_\_  
APPLICANT SIGNATURE (Including Maiden name)      DATE

\_\_\_\_\_  
WITNESS      DATE

\_\_\_\_\_  
APPLICANT ADDRESS

\_\_\_\_\_  
NOTARY PUBLIC      DATE

\_\_\_\_\_  
APPLICANT DATE OF BIRTH

\_\_\_\_\_  
APPLICANT TELEPHONE NUMBER

\_\_\_\_\_  
SIGNATURE OF APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME, BY THE SAID \_\_\_\_\_  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_  
TO CERTIFY WHICH WITNESS MY HAND AND SEAL OF OFFICE.

\_\_\_\_\_  
NOTARY PUBLIC

FOR OFFICE USE ONLY
DATE RETURNED:
TIME RETURNED: