Van Buren Township
Department of Public Safety

Gregory M. Laurain
Director of Public Safety

CHARTER TOWNSHIP OF VAN BUREN

DEPARTMENT OF PUBLIC SAFETY

POLICE/FIRE BACKGROUND PACKET

46425 Tyler Road, Van Buren Township, MI 48111 – Office: 734-699-8934 – Fax: 734-699-6082 Website: vanburen-mi.org

INSTRUCTIONS FOR COMPLETING THE VAN BUREN TOWNSHIP DEPARTMENT OF PUBLIC SAFETY APPLICATION

I. APPLICATION INSTRUCTIONS

1. Police applicants are first required to complete an application. The application **is not** the background questionnaire. Applicants will receive a background questionnaire after having successfully completed an oral board. It is suggested that you make a copy of this application for use later in the hiring process.

2. Police officer applicants are required to complete the Background Investigation Questionnaire in order to fulfill the background investigation requirements according to Section 9 of Act No. 203 of the Public Acts of 1965, as amended, being Section 28.609 of the Compiled Laws of 1948 (R28.4102.)

3. The following instructions apply to the attached application.

4. Failure to return this application properly completed may result in the removal of your name for further consideration.

5. All statements are subject to verification. Deliberate inaccuracies, incomplete statements, illegible responses, falsifications, untruthful responses, omissions, discrepancies, or unanswered questions may be grounds for disqualification from the hiring process.

6. You are to accurately and truthfully complete this application by either handwriting or typing your response.

7. Answer every question. Leave no blank spaces. If a question does not apply to you, write "NA" in the blank provided.

8. Initial the bottom of each page of this instruction sheet AND each page of the application. Sign your name in full in **BLUE** ink wherever a signature is requested.

9. Where you are directed to give further details or need additional space, you are to:

a. Use only 8 ½" x 11" white paper. Lined paper is acceptable.
b. Print your name in the top left-hand corner of each page.
c. Precede each answer with the number of the question being answered. More than one answer may be put on a page.
d. Sign your name in full in **BLUE** ink at the bottom of each page.

10. All requested time periods in your application must be accounted for.

11. Questions requesting addresses and telephone numbers must be complete and accurate. Zip codes are required. You must verify the address and telephone number of each employer and reference before submitting your packet. If a business has moved, you must make every effort to locate the current corporate address and write "Moved" next to this address. If the employer is no longer in business, you must provide the last known address and write "No Longer in Business" next to the address.

Initial _____

II. DOCUMENTS

The following documents must be returned with the application on or before the specified deadline.

POLICE

1. Birth Certificate
2. Military Discharge DD214 – long form (if applicable)
3. MCOLES Police Certification
4. Applicant Directives (enclosed)
5. Statement of Understanding (enclosed)
6. Instructions – signed and dated

Copies are acceptable; however, you will be required to show the originals upon request.

TRANSCRIPTS

Official school transcripts will be required if you are selected to proceed to the background portion of the hiring process. Transcripts must be mailed to the Van Buren Township Police Department directly from all colleges and educational institutions that you attended, regardless if classes were completed. Applicants will be disqualified if transcripts are not mailed directly from the schools to the Police Department address listed below. **NO EXCEPTIONS WILL BE MADE. DO NOT HAVE YOUR TRANSCRIPTS SENT UNTIL YOU ARE INSTRUCTED TO DO SO.**

III. DEADLINE

Hand deliver or mail this application, along with the required documents, to:

Van Buren Township Department of Public
Safety 46425 Tyler Road, Van Buren Township,
Michigan 48111 Attn:
_____

If is your responsibility to verify that your application was received. Do not call the Personnel Officer to confirm receipt. Confirmation can be determined by mailing the application via return receipt. The Van Buren Township Department of Public Safety is not responsible for lost applications or applications received via the US Postal Service after the deadline.

My initials and signature on this document indicate that I fully understand these instructions and will comply with them.

Applicant Name: _____ Date: _____

Applicant Signature: _____

APPLICANT'S STATEMENT OF UNDERSTANDING

I. I understand that during the hiring process, I am required to report to the Van Buren Township Department of Public Safety any changes in my personal history covered in this application and background questionnaire within five (5) business days of the said change. I am also aware that failure to report any changes in my personal history may cause my name to be removed from further consideration.
Initial here _____

II. I certify that the information that I provided on the application and questionnaire is accurate and complete. I understand that all answers to the application and questionnaire are subject to verification through a background investigation. I further understand that any false statements or deliberate omissions made to the Van Buren Township Department of Public Safety, to an employee or agent of the Police Department, to the Background Investigator, or on any subsequent forms may be grounds for immediate disqualification or dismissal if an appointment is made.
Initial here _____

III. I understand than any information secured pursuant to this background investigation which is reasonably believed to be of a criminal nature will be forwarded to the respective law enforcement agency for review and investigation.
Initial here _____

IV. I further understand that all documents, reports, questionnaires, statements, including the background investigator's report and notes, are considered confidential. I understand that all questionnaires, applications, and documents that I submit to the Van Buren Township Department of Public Safety and affiliated hiring becomes the sole property of the Van Buren Township Department of Public Safety and will not be returned to me for any reason – at any point in the hiring process. I voluntarily waive any right or opportunity to read or review any information provided in the background report prepared by the Van Buren Township Department of Public Safety Background Investigator, or obtain the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied which might identify that person or organization.
Initial here _____

V. I understand that any conditional offer or appointment tendered me will be contingent upon the result of a comprehensive background investigation.
Initial here _____

VI. I understand that all appointments are probationary, during which time I must demonstrate that I can successfully fulfill the responsibilities of the position in which I applied.
Initial here _____

VII. I agree to these conditions and hereby certify that all statements made by me on this application/questionnaire are true and complete to the best of my knowledge.

Applicant Name: _____ Date: _____

Applicant Signature: _____

APPLICATION AND BACKGROUND QUESTIONNAIRE DIRECTIVES

As an applicant for a position within the Van Buren Township Department of Public Safety, you are required to complete this application and possibly a background questionnaire. Applicants must be able to read, interpret, comprehend and complete agency forms and other documents accurately and in a timely manner. For this reason, in addition to evaluating your moral character and suitability, you will also be evaluated on your ability to complete this questionnaire accurately. Your answers may not, in and of themselves, be grounds for disqualification or non-selection, whereas an untruthful response will be. Be sure to carefully follow all instructions. Part of our assessment in determining your suitability for the position in which you applied is your candor and ability to accurately follow instructions.

The Van Buren Township Department of Public Safety is an equal opportunity employer. We do not discriminate on the basis of a person's perceived or actual age, race, color, national origin, sex, religion, sexual orientation, physical or mental limitations, height weight, Vietnam Veteran status, marital status, gender identity, or HIV status in any aspect of our hiring or employment process. Our application forms are designed to obtain information regarding an applicant's skills, knowledge and ability based on the specific job requirements, and to determine whether the applicant can successfully perform the job.

DIRECTIVES TO ALL VAN BUREN TOWNSHIP DEPARTMENT OF PUBLIC SAFETY APPLICANTS

1. You must fill out the attached form(s) completely and accurately. Handwritten or typed applications are acceptable however all signatures must in **BLUE** ink and in your own handwriting. Computer generated signatures will not be accepted. Illegible or incomplete forms will not be accepted.

2. You may complete the application on a computer via the Internet. However, copies of completed forms will not be accepted. You must print the completed forms, sign them in your own handwriting, and return the originals.

3. Sign and return this instruction sheet when you turn in your application or questionnaire.

4. DO NOT DIVULGE INFORMATION CONCERNING ANY MEDICAL CONDITION(S), EITHER PAST OR PRESENT, IN PERSON OR ON ANY FORM. The *Americans with Disabilities Act* prohibits employers from making medically related inquiries prior to a conditional offer of employment.

5. During the hiring process, all forms, to include any additions or deletions, should be hand delivered or mailed to:

   Van Buren Township Department of Public Safety
   46425 Tyler Road, Van Buren Township, Michigan 48111
   Attn: _____

   Email and phone calls regarding additions or deletions will not be accepted **unless** there is a change of address and/or telephone number for contact purposes.

6. Until you received notice that you are no longer in the current hiring process, you are required to report to the **Van Buren Township Department of Public Safety** any changes in your personal history covered in both the application and background questionnaire within five (5) business days of said change. Failure to report any changes in your personal history may cause your name to be removed from further consideration.

7. **Applicants will be disqualified from consideration for employment if the application and/or questionnaire are turned in after the specified deadline.**

Signature: _____ Date: _____

VOLUNTARY CONFIDENTIAL DATA RECORD

In compliance with federal, state, and local equal employment opportunity laws and regulations, qualified applicants shall not be discriminated against because of race, color, religion, national origin, sex, age, condition of pregnancy, marital status, physical or mental limitations, source of income, family responsibilities, educational association, height, weight, gender identity, sexual orientation, or HIV status in any aspect of our hiring or employee process.

To help us comply with equal employment opportunity record keeping and reporting requirements, please answer the questions below. This information will be kept in a confidential file separate from your application for employment and cannot be used to discriminate against you.

Date: _____ Job Notice ID: _____

Position Applied For: _____ Department: Public Safety

Name: _____ Phone: _____
Last First Middle Area Code Number

Address: _____
Number Street City State Zip Code

GENDER: ☐ Male ☐ Female Birthdate: _____ Age: _____

RACE/ETHNIC GROUP

☐ ***American Indian or Alaska Native*** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ ***Asian/Pacific Islander*** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, Japan, India, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam, or Hawaii, Guam, Samoa, or other Pacific islands.

☐ ***Black or African American*** – A person having origins in any of the Black racial groups of Africa.

☐ ***Hispanic or Latino*** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term Spanish Origin can be used in addition to Hispanic or Latino.

☐ ***White*** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ ***Multiracial*** – A person having parents of different races as provided under Michigan Law.

VAN BUREN TOWNSHIP DEPARTMENT OF PUBLIC SAFETY
BACKGROUND QUESTIONNAIRE

PERSONAL

1. YOUR NAME

Last	First	Middle

Other Names (including nicknames) you have used or been known by:

2. LIST YOUR CURRENT ADDRESS WHERE YOU ACTUALLY RESIDE – Not a mailing address

Number	Street	City	State	Zip Code

3. LIST ALTERNATE ADDRESS (e.g., Mailing, School, Military, Temporary, etc.)

Number	Street	City	State	Zip Code

4. EMAIL ADDRESSES OR SOCIAL NETWORK SITES (i.e., Facebook). Use additional pages if necessary

1. _____ 3. _____
2. _____ 4. _____

5. LIST THE TELEPHONE NUMBER(S) AT WHICH YOU CAN BE CONTACTED

Home: _____ Hours: _____
Work: _____ Hours: _____
Cell: _____ Hours: _____
Other: _____ Hours: _____

6. BIRTHDATE	Month	Date	Year

7. SOCIAL SECURITY NUMBER

Have you ever had more than one Social Security Number? ☐ YES ☐ NO

If "YES", give number and State applied: _____

8. DRIVERS LICENSE NUMBER

State:	Endorsements:

9. Have you ever applied for a position with the Van Buren Department of Public Safety? ☐ YES ☐ NO

If "YES", list the position in which you applied and the date:

1. Position: _____ Date: _____
2. Position: _____ Date: _____
3. Position: _____ Date: _____

VAN BUREN TOWNSHIP DEPARTMENT OF PUBLIC SAFETY
BACKGROUND QUESTIONNAIRE

RESIDENCES

10. LIST ALL OF YOUR RESIDENCES DURING THE LAST 10 YEARS. Begin with your current address.

From Mo/Yr	To Mo/Yr	Street Address & Apt. #	City, State, Zip Code	1. If Renting: Name, address & phone of Landlord 2. Name of individuals residing with you (full information to be provided in next section) Use additional pages if necessary
				1.
				2.
				1.
				2.
				1.
				2.
				1.
				2.
				1.
				2.
				1.
				2.

11. LIST INDIVIDUALS WITH WHOM YOU HAVE RESIDED DURING THE LAST 10 YEARS.
Exclude family members. Include college/dorm roommates. Use additional pages if necessary.

Name, Relationship, and Where you both resided together	Their Current Home Address (City, State, Zip Code)	Work Name and Address
	Home phone: Other phone:	Work phone:
	Home phone: Other phone:	Work phone:
	Home phone: Other phone:	Work phone:

VAN BUREN TOWNSHIP DEPARTMENT OF PUBLIC SAFETY
BACKGROUND QUESTIONNAIRE

11. ROOMMATES CONTINUED

Name, Relationship, and Where you both resided together	Their Current Home Address (City, State, Zip Code)	Work Name and Address
	Home phone: Other phone:	Work phone:
	Home phone: Other phone:	Work phone:
	Home phone: Other phone:	Work phone:
	Home phone: Other phone:	Work phone:

REFERENCES

12. RELATIVES – During the course of the background investigation, your family and other relatives will be asked to comment upon your suitability for this position. Supply the appropriate information in the spaces provided below. If a category is not applicable, print "N/A" in the box provided for the name. Use additional pages if necessary.

Name of your:	Residence address (include zip code)	Telephone (include Area Code)
Father		Home: Work:
Mother		Home: Work:
Stepfather		Home: Work:
Stepmother		Home: Work:
Father-in-law		Home: Work:
Mother-in-law		Home: Work:
Brother/Sister Age		Home: Work:
Brother/Sister Age		Home: Work:

VAN BUREN TOWNSHIP DEPARTMENT OF PUBLIC SAFETY
BACKGROUND QUESTIONNAIRE

12. RELATIVES CONTINUED

Name of your:	Residence address (include zip code)	Telephone (include Area Code)
Brother/Sister Age		Home: Work:
Brother/Sister Age		Home: Work:
Brother/Sister Age		Home: Work:
Stepbrother/Stepsister Age		Home: Work:
Stepbrother/Stepsister Age		Home: Work:
Stepbrother/Stepsister Age		Home: Work:
Stepbrother/Stepsister Age		Home: Work:

13A. CHILDREN – Please list all your children, including stepchildren and adopted children.

Full Name	Age	Date of Birth	Current Address and Phone Number

VAN BUREN TOWNSHIP DEPARTMENT OF PUBLIC SAFETY
BACKGROUND QUESTIONNAIRE

13B. MARITAL STATUS – Supply the appropriate information in the spaces provided below. If a category is not applicable, print "N/A" in the box provided for the name. Use additional pages if necessary.

Are you widowed? ☐ YES ☐ NO If "YES", Name: _____ Date: _____

Spouse Information: ☐ Currently Separated ☐ Please DO NOT contact my spouse ☐ You MAY contact my spouse

Full Name of Spouse	Maiden Name	Other Names Spouse has used	Date of Birth

Date of Marriage	Place of Marriage (City, County, State)

Current Address of Spouse (if not living with you)	Home Phone or Contact Number	Work Phone

If you are divorced or you had an annulment, provide the following information:

Full Name of Former Spouse	Maiden Name	Other Names Spouse has used	Date of Birth

Date of Marriage	Place of Marriage (City, County, State)

Current or Last Known Address of Former Spouse	Home Phone or Contact Number	Work Phone

Date Divorce Filed	Date Divorce Final	City, County, State of Divorce

Full Name of Former Spouse	Maiden Name	Other Names Spouse has used	Date of Birth

Date of Marriage	Place of Marriage (City, County, State)

Current or Last Known Address of Former Spouse	Home Phone or Contact Number	Work Phone

Date Divorce Filed	Date Divorce Final	City, County, State of Divorce

14. OTHER RELATIVES WITH WHOM YOU HAVE A CLOSE PERSONAL RELATIONSHIP

Name	Relationship	Address	Phone Number
		☐ Home ☐ Work ☐ Other	☐ Home ☐ Work ☐ Other
		☐ Home ☐ Work ☐ Other	☐ Home ☐ Work ☐ Other
		☐ Home ☐ Work ☐ Other	☐ Home ☐ Work ☐ Other

VAN BUREN TOWNSHIP DEPARTMENT OF PUBLIC SAFETY
BACKGROUND QUESTIONNAIRE

REFERENCES

15. LIST SIX (6) INDIVIDUALS WHO ARE SOCIAL ACQUAINTANCES (i.e., persons whom you have seen frequently during the past 5 years). Exclude relatives and former employers. Do not use the same names as listed in the Job Experience section of this application. Do NOT list former or current employers, co-workers, or relatives.

Name	Home Address	Home Phone
Relationship	Work Address	Work Phone
Name	Home Address	Home Phone
Relationship	Work Address	Work Phone
Name	Home Address	Home Phone
Relationship	Work Address	Work Phone
Name	Home Address	Home Phone
Relationship	Work Address	Work Phone
Name	Home Address	Home Phone
Relationship	Work Address	Work Phone
Name	Home Address	Home Phone
Relationship	Work Address	Work Phone

VAN BUREN TOWNSHIP DEPARTMENT OF PUBLIC SAFETY
BACKGROUND QUESTIONNAIRE

EDUCATION

16. EDUCATION – List **all** high schools, vocational schools, colleges/universities you have registered at or attended. Include online courses, non-credited courses, and training courses you received college credit. Use additional pages if necessary.

From Mo/Yr	To Mo/Yr	Name of School	Location of School (City/State)	Course Major	Diploma, Degree, or Accumulated Credit Hours

17. THE VAN BUREN TOWNSHIP DEPARTMENT OF PUBLIC SAFETY REQUIRES A POLICE OFFICER TO POSSESS A HIGH SCHOOL DIPLOMA OR GED EQUIVALENT. IN ADDITION, THE VAN BUREN TOWNSHIP DEPARTMENT OF PUBLIC SAFETY VALUES LAW ENFORCEMENT EXPERIENCE AND CREDITS AT AN INSTITUTION OF HIGHER EDUCATION.

I have: (Check all that apply)

☐ A high school diploma

☐ GED equivalent

☐ An Associates degree _____ major/minor _____
Or equivalent credit hours _____

☐ A Bachelors degree _____ major/minor _____

☐ Completed active military law enforcement experience
☐ 1-2 years ☐ 2 years or more

☐ Worked as a certified law enforcement officer
☐ 6 months – 2 years ☐ 2 years or more

VAN BUREN TOWNSHIP DEPARTMENT OF PUBLIC SAFETY
BACKGROUND QUESTIONNAIRE

18. HAVE YOU EVER BEEN ON PROBATION, SUSPENDED OR EXPELLED FROM ANY HIGH SCHOOL OR POST SECONDARY SCHOOL OR BEEN INVESTIGATED VIA A SCHOOL JUDICIARY BOARD OR DEAN OF STUDENTS? ☐ YES ☐ NO

Post secondary schools include colleges and universities, graduate schools, business and vocational schools – any formal education beyond the high school level

If "YES", please explain (include school, date, circumstances, and disposition):

19. LIST ALL POLICE AND/OR FIRE ACADEMIES YOU HAVE EVER ATTENDED. Include current academy.

Date	Academy	Location	Graduate?
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO

EXPERIENCE AND EMPLOYMENT – Prior to a conditional offer of employment, your current employer must be contacted. Would any problem result if your present employer were contacted? ☐ YES ☐ NO

If "YES", when should such contact be made? _____

20. BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT – List all periods of employment and unemployment (including part-time, temporary, and voluntary positions) you have held since high school. For the purposes of this questionnaire, voluntary work should be included as employment. For identification and verification, indicate the nature of the activity (i.e., full-time, part-time, or voluntary). If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided. Also, give starting and ending salaries. Use additional pages if necessary.

Dates of Employment		Name and Address of Employer	Name of Supervisor	
From Mo/Yr	To Mo/Yr			
			Names and Phone No. of 3 Co-Workers	
		Telephone Number		
☐ Full-time ☐ Part-time ☐ Voluntary		Title or Duties (for identification purposes)	Salary Start	Salary End

Reason for Leaving:

☐ Military Service ☐ Not Employed From (Mo/Yr): _____ To (Mo/Yr): _____

VAN BUREN TOWNSHIP DEPARTMENT OF PUBLIC SAFETY
BACKGROUND QUESTIONNAIRE

Dates of Employment		Name and Address of Employer	Name of Supervisor	
From Mo/Yr	To Mo/Yr			
			Names and Phone No. of 3 Co-Workers	
		Telephone Number		
☐ Full-time ☐ Part-time ☐ Voluntary		Title or Duties (for identification purposes)	Salary Start	Salary End
Reason for Leaving:				
☐ Military Service		☐ Not Employed From (Mo/Yr): _____	To (Mo/Yr): _____	

Dates of Employment		Name and Address of Employer	Name of Supervisor	
From Mo/Yr	To Mo/Yr			
			Names and Phone No. of 3 Co-Workers	
		Telephone Number		
☐ Full-time ☐ Part-time ☐ Voluntary		Title or Duties (for identification purposes)	Salary Start	Salary End
Reason for Leaving:				
☐ Military Service		☐ Not Employed From (Mo/Yr): _____	To (Mo/Yr): _____	

Dates of Employment		Name and Address of Employer	Name of Supervisor	
From Mo/Yr	To Mo/Yr			
			Names and Phone No. of 3 Co-Workers	
		Telephone Number		
☐ Full-time ☐ Part-time ☐ Voluntary		Title or Duties (for identification purposes)	Salary Start	Salary End
Reason for Leaving:				
☐ Military Service		☐ Not Employed From (Mo/Yr): _____	To (Mo/Yr): _____	

Dates of Employment		Name and Address of Employer	Name of Supervisor	
From Mo/Yr	To Mo/Yr			
			Names and Phone No. of 3 Co-Workers	
		Telephone Number		
☐ Full-time ☐ Part-time ☐ Voluntary		Title or Duties (for identification purposes)	Salary Start	Salary End
Reason for Leaving:				
☐ Military Service		☐ Not Employed From (Mo/Yr): _____	To (Mo/Yr): _____	

VAN BUREN TOWNSHIP DEPARTMENT OF PUBLIC SAFETY
BACKGROUND QUESTIONNAIRE

Dates of Employment		Name and Address of Employer	Name of Supervisor	
From Mo/Yr	To Mo/Yr			
			Names and Phone No. of 3 Co-Workers	
		Telephone Number		
☐ Full-time ☐ Part-time ☐ Voluntary		Title or Duties (for identification purposes)	Salary Start	Salary End
Reason for Leaving:				
☐ Military Service		☐ Not Employed From (Mo/Yr): _____ To (Mo/Yr): _____		

Dates of Employment		Name and Address of Employer	Name of Supervisor	
From Mo/Yr	To Mo/Yr			
			Names and Phone No. of 3 Co-Workers	
		Telephone Number		
☐ Full-time ☐ Part-time ☐ Voluntary		Title or Duties (for identification purposes)	Salary Start	Salary End
Reason for Leaving:				
☐ Military Service		☐ Not Employed From (Mo/Yr): _____ To (Mo/Yr): _____		

Dates of Employment		Name and Address of Employer	Name of Supervisor	
From Mo/Yr	To Mo/Yr			
			Names and Phone No. of 3 Co-Workers	
		Telephone Number		
☐ Full-time ☐ Part-time ☐ Voluntary		Title or Duties (for identification purposes)	Salary Start	Salary End
Reason for Leaving:				
☐ Military Service		☐ Not Employed From (Mo/Yr): _____ To (Mo/Yr): _____		

Dates of Employment		Name and Address of Employer	Name of Supervisor	
From Mo/Yr	To Mo/Yr			
			Names and Phone No. of 3 Co-Workers	
		Telephone Number		
☐ Full-time ☐ Part-time ☐ Voluntary		Title or Duties (for identification purposes)	Salary Start	Salary End
Reason for Leaving:				
☐ Military Service		☐ Not Employed From (Mo/Yr): _____ To (Mo/Yr): _____		

VAN BUREN TOWNSHIP DEPARTMENT OF PUBLIC SAFETY
BACKGROUND QUESTIONNAIRE

Dates of Employment		Name and Address of Employer	Name of Supervisor	
From Mo/Yr	To Mo/Yr		Names and Phone No. of 3 Co-Workers	
		Telephone Number		
☐ Full-time ☐ Part-time ☐ Voluntary		Title or Duties (for identification purposes)	Salary Start	Salary End
Reason for Leaving:				
☐ Military Service		☐ Not Employed From (Mo/Yr): _____ To (Mo/Yr): _____		

Dates of Employment		Name and Address of Employer	Name of Supervisor	
From Mo/Yr	To Mo/Yr		Names and Phone No. of 3 Co-Workers	
		Telephone Number		
☐ Full-time ☐ Part-time ☐ Voluntary		Title or Duties (for identification purposes)	Salary Start	Salary End
Reason for Leaving:				
☐ Military Service		☐ Not Employed From (Mo/Yr): _____ To (Mo/Yr): _____		

Dates of Employment		Name and Address of Employer	Name of Supervisor	
From Mo/Yr	To Mo/Yr		Names and Phone No. of 3 Co-Workers	
		Telephone Number		
☐ Full-time ☐ Part-time ☐ Voluntary		Title or Duties (for identification purposes)	Salary Start	Salary End
Reason for Leaving:				
☐ Military Service		☐ Not Employed From (Mo/Yr): _____ To (Mo/Yr): _____		

Dates of Employment		Name and Address of Employer	Name of Supervisor	
From Mo/Yr	To Mo/Yr		Names and Phone No. of 3 Co-Workers	
		Telephone Number		
☐ Full-time ☐ Part-time ☐ Voluntary		Title or Duties (for identification purposes)	Salary Start	Salary End
Reason for Leaving:				
☐ Military Service		☐ Not Employed From (Mo/Yr): _____ To (Mo/Yr): _____		

If necessary, make additional copies in order to list **ALL** employment

VAN BUREN TOWNSHIP DEPARTMENT OF PUBLIC SAFETY
BACKGROUND QUESTIONNAIRE

21. EMPLOYMENT DISCIPLINARY RECORD – List those employers who either 1) disciplined you – verbal or written, 2) discharged you, or 3) requested you resign. Give details on a separate sheet if necessary.

Employer's Name	Date of Action	Name of Supervisor Involved	Action or Resolution
Give Details of the Incident			
Employer's Name	Date of Action	Name of Supervisor Involved	Action or Resolution
Give Details of the Incident			
Employer's Name	Date of Action	Name of Supervisor Involved	Action or Resolution
Give Details of the Incident			
Employer's Name	Date of Action	Name of Supervisor Involved	Action or Resolution
Give Details of the Incident			

22. WERE YOU EVER A LAW ENFORCEMENT EXPLORER? ☐ YES ☐ NO

If "YES", please provide the following information.

Agency	Dates	Reason for Leaving

MILITARY SERVICE

23. IF YOU ARE A MALE AND BORN BEFORE MARCH 29, 1957 OR AFTER DECEMBER 31, 1959, AND ARE A U.S. CITIZEN, OR YOU WERE A RESIDENT OF THE U.S. ON YOUR 18TH BIRTHDAY, PROVIDE YOUR SELECTIVE SERVICE NUMBER:

Selective Service Number: _____

24. HAVE YOU EVER SERVED IN ANY OF THE ARMED FORCES, NATIONAL GUARD, OR MILITARY RESERVES? ☐ YES ☐ NO

If "YES", complete questions #25 through #28. If "NO", skip to question #29.

VAN BUREN TOWNSHIP DEPARTMENT OF PUBLIC SAFETY
BACKGROUND QUESTIONNAIRE

25. ACTIVE DUTY MILITARY RECORD – RESERVE AND/OR NATIONAL GUARD RECORD – List **ALL** active military duty and/or present or past service in any Reserve or National Guard unit.

Branch of Service	Unit AND Occupation	Enlistment Date	Discharge Date
Service Number	Highest Rank Attained	Rank at Discharge	Type of Discharge
Separation Code	Re-Enlistment Code	If Active or Current Reserve, list your Commanding Officer's Name	
Branch of Service	Unit AND Occupation	Enlistment Date	Discharge Date
Service Number	Highest Rank Attained	Rank at Discharge	Type of Discharge
Separation Code	Re-Enlistment Code	If Active or Current Reserve, list your Commanding Officer's Name	
Branch of Service	Unit AND Occupation	Enlistment Date	Discharge Date
Service Number	Highest Rank Attained	Rank at Discharge	Type of Discharge
Separation Code	Re-Enlistment Code	If Active or Current Reserve, list your Commanding Officer's Name	

26. MILITARY DISCIPLINE RECORD – INCLUDING RESERVE AND/OR NATIONAL GUARD – List **ALL** disciplinary actions against you, including formal charges as well as company punishments, including Article 15 and Captain's Mast, whether found guilty or not. Include reductions in pay grade and judicial or non-judicial disciplinary action.

Charge Against You	Type of Court Martial or Other Disciplinary Proceedings	Disposition

27. STARTING WITH MOST RECENT, LIST ALL DUTY STATIONS – Include basic training, tours overseas, etc. while in the military

Month and Year	Location	Duties/Purpose (approximate length of tour)

28. WERE YOU GIVEN A SECURITY CLEARANCE? ☐ YES ☐ NO

If "YES", type of security clearance: _____

VAN BUREN TOWNSHIP DEPARTMENT OF PUBLIC SAFETY
BACKGROUND QUESTIONNAIRE

CREDIT

29. Have you ever filed for or declared bankruptcy? ☐ YES ☐ NO

Have any of your bills ever been turned over to a collection agency? ☐ YES ☐ NO

Have you ever had purchased goods repossessed? ☐ YES ☐ NO

Have your wages ever been garnished? ☐ YES ☐ NO

If you answered "YES" to any of these questions, give details:

LIST ALL MONTHLY BILLS OR OBLIGATIONS:

Mortgage / Rent:

Vehicle Payments or Lease Payments:

Utilities

- Electric:
- Heat:
- Water:
- Telephone:
- Cellular:
- Cable:
- Insurance
  - Vehicle:
  - Home:
- Other:

Child Support or Alimony:

All other monthly or reoccurring debts:

List ALL Sources of Income:

Your Wages including tips:

Spouse or significant other wages:

Military:

Child Support or Alimony

All other monthly income:

VAN BUREN TOWNSHIP DEPARTMENT OF PUBLIC SAFETY
BACKGROUND QUESTIONNAIRE

LEGAL

30. Have you ever (either as a juvenile or an adult) been suspected or accused of breaking the law, been taken to a police station to be fingerprinted or questioned because of suspicion of committing a crime, been given a citation to appear for breaking the law (such as Minor in Possession of Alcohol), been arrested or convicted of a crime? ☐ YES ☐ NO

    If in doubt, answer YES and explain fully on an attached page, as directed in the instructions.

    Give date, place, charge, and disposition. **FAILURE TO REPORT THIS INFORMATION CAN DISQUALIFY YOU!** This includes expungements, investigations by a government entity (i.e., Atty. General, Inspector General, MUA Investigations), diversion programs, HYTA, pardons, dismissals, sealed files, deferments, and any and all other sentence agreements.

Date	City/Town, State and Police Agency	Charge(s)	Disposition and Date

31. CRIMINAL COURT ACTION – List all incidents in which you are/were a complainant or witness in a criminal case (except as listed in #30 above). Include all City, State, Federal and Grand Jury cases. Do not include cases related to law enforcement or security employment.

Date	Location (City, State)	Court or Investigative Body	Who was the Defendant?

Give synopsis of case:

32. CIVIL COURT ACTION – Are you currently or were you ever involved as a plaintiff, defendant or witness in a civil lawsuit of any type filed by you or another party? ☐ YES ☐ NO If "YES", list details below

Includes court depositions, divorce hearings, Small Claims Court, Friend of the Court hearings, arbitration, County/City/Township administrative hearings, landlord/tenant disputes, etc.

VAN BUREN TOWNSHIP DEPARTMENT OF PUBLIC SAFETY
BACKGROUND QUESTIONNAIRE

MOTOR VEHICLE OPERATION

33. NAMES UNDER WHICH YOU EVER ACQUIRED A DRIVERS LICENSE

1. 2. 3.

34. MOTOR VEHICLE OPERATOR RECORD – List all chauffeur and/or driver licenses past or presently held from this state or **ANY** other state, territory, or country.

License Type (check one)	License Number	Issuing State	Endorsements	Restrictions	License/Permit ever Revoked/Suspended? If YES, give details in #35.	License Restored
☐ Operator ☐ Chauffeur					☐ YES ☐ NO	☐ YES ☐ NO
☐ Operator ☐ Chauffeur					☐ YES ☐ NO	☐ YES ☐ NO
☐ Operator ☐ Chauffeur					☐ YES ☐ NO	☐ YES ☐ NO

34A. DO YOU CURRENTLY HAVE A CDL THAT IS IN GOOD STANDING WITH THE STATE OF MICHIGAN? ☐ YES ☐ NO ☐ N/A

35. HAS YOUR LICENSE EVER BEEN SUSPENDED, RESTRICTED, AND/OR REVOKED OR HAVE YOU EVER BEEN REFUSED A DRIVERS LICENSE – BY ANY STATE? ☐ YES ☐ NO

If "YES", provide details:

36. VIOLATION RECORD – List all summonses, citations, or tickets received by you for any traffic law violation or violation that you received while in a motor vehicle, whether you were the driver or passenger. Include reduced, dismissed, held in abeyance and taken under advisement. Use additional pages if necessary

Date of Violation	City/Town, State and Police Agency	Violation(s)	Court Disposition and Date

37. MICHIGAN LAW REQUIRES THAT DRIVERS AND OWNERS OF VEHICLES BE COVERED BY AUTOMOBILE LIABILITY INSURANCE. PLEASE LIST YOUR INSURANCE COMPANY.

Insurance Company	Agent Telephone Number	Policy Number	Expiration Date

Have you ever been refused auto insurance? ☐ YES ☐ NO If "YES", explain:

VAN BUREN TOWNSHIP DEPARTMENT OF PUBLIC SAFETY
BACKGROUND QUESTIONNAIRE

38. MOTOR VEHICLE ACCIDENTS – List every accident you have ever been involved in as a driver. Use additional pages if necessary

Date	Location	☐ Injury ☐ Non-injury
Police Investigation ☐ YES ☐ NO	Policy Agency (address and telephone)	Citation Received ☐ YES ☐ NO
Date	Location	☐ Injury ☐ Non-injury
Police Investigation ☐ YES ☐ NO	Policy Agency (address and telephone)	Citation Received ☐ YES ☐ NO
Date	Location	☐ Injury ☐ Non-injury
Police Investigation ☐ YES ☐ NO	Policy Agency (address and telephone)	Citation Received ☐ YES ☐ NO
Date	Location	☐ Injury ☐ Non-injury
Police Investigation ☐ YES ☐ NO	Policy Agency (address and telephone)	Citation Received ☐ YES ☐ NO

39. DO YOU NOW HAVE ANY UNPAID SUMMONSES AGAINST YOU FOR PARKING OR ANY OTHER VIOLATION IN THE USE OF A MOTOR VEHICLE? ☐ YES ☐ NO If "YES", explain:

40. HAS THE MICHIGAN SECRETARY OF STATE OR ANY OTHER STATE'S DEPARTMENT OF MOTOR VEHICLES EVER REVOKED OR SUSPENDED YOUR ABILITY TO REGISTER YOUR VEHICLE OR HAS YOUR VEHICLE EVER BEEN FORFEITED BY ANY LAW ENFORCEMENT AGENCY?

☐ YES ☐ NO If "YES", explain:

VAN BUREN TOWNSHIP DEPARTMENT OF PUBLIC SAFETY
BACKGROUND QUESTIONNAIRE

WEAPONS

41. HAVE YOU EVER BEEN QUESTIONED BY ANY LAW ENFORCEMENT OFFICIAL ABOUT AN INCIDENT WHICH INVOLVED A FIREARM, WHETHER THE FIREARM BELONGED TO YOU OR NOT?
(Include Federal and State Wildlife officials and Michigan DNR) ☐ YES ☐ NO If "YES", explain:

42. HAVE YOU EVER APPLIED FOR A PERMIT TO CARRY A CONCEALED WEAPON? ☐ YES ☐ NO
If "YES", please provide the following information:

Where was the application filed?

Was the permit ☐ Issued? If so, provide permit number:

Was the permit ☐ Denied? If so, state reason(s):

43. LIST ALL PISTOLS PRESENTLY OWNED BY YOU

Make	Model	Serial Number	Caliber	Issuing Agency of Safety Inspection Certificate

APPLICATIONS

44. LIST EVERY APPLICATION YOU HAVE MADE WITH A GOVERNMENTAL OR QUASI-GOVERNMENTAL AGENCY OR AUTHORITY. Use additional pages if necessary

Date	Agency, Address, Phone (list phone of background investigator or recruiter)	Position Applied For	Accepted, Rejected, Eligible for Hire	If Rejected, state Reason

VAN BUREN TOWNSHIP DEPARTMENT OF PUBLIC SAFETY
BACKGROUND QUESTIONNAIRE

45. PLEASE PROVIDE INFORMATION ABOUT FINGERPRINTS PREVIOUSLY TAKEN.

When	Where	Purpose

DRUG AND ALCOHOL USE

46. IN THE PAST TWO YEARS, HAS YOUR USE OF ALCOHOL INHIBITED YOUR ABILITY TO WORK OR DRIVE? ☐ YES ☐ NO If "YES", explain:

47. Have you ever used, attempted to use, thought you were using, smoked, inhaled, ingested or experimented in any fashion with Marijuana? ☐ YES ☐ NO

If "YES", provide the following information. Be as specific as possible.

Date first used	Estimated use during last 2 years	Estimated use during your lifetime	Did you ever grow, cultivate, manufacture, distribute, or sell Marijuana? ☐ YES ☐ NO

48. Have you ever used, thought you were using, tasted, sniffed, smoked, ingested, inhaled, injected, swallowed, smelled, attempted to use or experimented with any form of illegal drug, narcotic or substance such as, but not limited to, "crack cocaine", speed, PCP, cocaine, meth, heroin, mescaline, LSD, mushrooms, Hashish, opiates, barbiturates, amphetamines, hallucinogens, steroids, designer drugs, peyote, morphine or any other illegal substance other than those drugs prescribed to you by your physician? ☐ YES ☐ NO

If "YES", list all drugs and/or narcotics used in section below. Be as specific as possible.

Name of substance or drug	Date first used or your age when you first used this substance	Estimated use during the last 2 years
Did you ever possess, adulterate, grow, cultivate, manufacture, distribute, sell, package for sale this substance, or possess an imitation of this substance?		☐ YES ☐ NO
Name of substance or drug	Date first used or your age when you first used this substance	Estimated use during the last 2 years
Did you ever possess, adulterate, grow, cultivate, manufacture, distribute, sell, package for sale this substance, or possess an imitation of this substance?		☐ YES ☐ NO
Name of substance or drug	Date first used or your age when you first used this substance	Estimated use during the last 2 years
Did you ever possess, adulterate, grow, cultivate, manufacture, distribute, sell, package for sale this substance, or possess an imitation of this substance?		☐ YES ☐ NO

VAN BUREN TOWNSHIP DEPARTMENT OF PUBLIC SAFETY
BACKGROUND QUESTIONNAIRE

Are you currently using any illegal substance? ☐ YES ☐ NO If "YES", what is the substance?

49. HAVE YOU EVER SOLD OR FURNISHED DRUGS OR NARCOTICS OR WHAT YOU BELIEVED TO BE DRUGS OR NARCOTICS TO ANYONE? ☐ YES ☐ NO If "YES", explain:

JOB SPECIFIC QUESTIONS

50. ARE YOU ABLE AND WILLING TO FULLY PERFORM THE DUTIES OF A FIRE FIGHTER, INCLUDING WORKING 24-HOUR SHIFTS, ON WEEKENDS AND/OR HOLIDAYS, WEARING A UNIFORM, AND COMPLYING WITH GROOMING STANDARDS? (a job description will be made available upon request)
☐ YES ☐ NO If "NO", explain:

51. DO YOU HAVE ANY BODY PIERCINGS, TATTOOS, OR BODY ART? ☐ YES ☐ NO
If "YES", give details on a separate sheet.

52. POLICE OFFICERS ARE TRAINED IN THE USE OF DEADLY FORCE. COULD YOU USE DEADLY FORCE IN THE LINE OF DUTY KNOWING THAT THE RESULT COULD BE THE DEATH OF ANOTHER HUMAN BEING? ☐ YES ☐ NO If "NO", explain:

53. HAVE YOU EVER BEEN SUBJECT TO DISCIPLINE OR PROPOSED DISCIPLINE BY A SCHOOL, BUSINESS, OR LAW ENFORCEMENT AGENCY? Include any arrest, verbal or written disciplinary action, suspension, demotion, loss of pay, forfeiture of time, dismissal, counseling, affirmative assistance, etc.
☐ YES ☐ NO If "YES", give details on a separate sheet.

54. ADDITIONAL INFORMATION. DO YOU HAVE ANY KNOWLEDGE OR INFORMATION, IN ADDITION TO THAT SPECIFICALLY CALLED FOR IN THE PRECEDING QUESTIONS, WHICH IS OR MAY BE RELEVANT, DIRECTLY OR INDIRECTLY, IN CONNECTION WITH AN INVESTIGATION OF YOUR ELIGIBILITY OR FITNESS FOR THE POSITION OF POLICE OFFICER, DISPATCHER OR RECORDS CLERK; INCLUDING BUT NOT LIMITED TO, KNOWLEDGE OR INFORMATION CONCERNING YOUR CHARACTER, TEMPERAMENT, HABITS, EMPLOYMENT, EDUCATION, ILLEGAL SUBVERSIVE ACTIVITIES, ILLEGAL ASSOCIATIONS, CRIMINAL AND CIVIL RECORD, TRAFFIC VIOLATIONS, RESIDENCES, OR OTHERWISE?
☐ YES ☐ NO If "YES", give details on a separate sheet.

Signature in Full	**Date Completed**

Van Buren Township
Department of Public Safety

Gregory M. Laurain
Director of Public Safety

BACKGROUND INVESTIGATION

To: _____ Date: _____

I am an applicant for the position of _____, with the Charter Township of Van Buren. It is essential that all records and information pertaining to my employment with your company, corporation, or person be available for review by the Van Buren Township Public Safety Department. This information should include my employment application, attendance records, performance evaluations, training records, disciplinary actions, commendations, and any other information or records as may be required by the Public Safety Department.

I hereby authorize the release of any and all such records and of any confidential information to investigators of the Public Safety Department, to be used in conjunction with my application of employment. Further, in consideration of the Charter Township of Van Buren considering my application for employment, I hereby release, relieve, and indemnify the Township of Van Buren, Michigan, the Public Safety Department, such custodian of the records as herein indicated, and any corporation, company, or person from and against any and all liability and/or damages of whatsoever pertaining to be which is obtained during such investigation. Further, in consideration thereof, I hereby waive statutory notice and any rights afforded me pursuant to M.C.L. 423.501, the Employee Right to Know Act.

_____ _____

Name (print) Signature

46425 Tyler Road, Van Buren Township, MI 48111 – Office: 734-699-8934 – Fax: 734-699-6082 Website: vanburen-mi.org

Van Buren Township
Department of Public Safety

Gregory M. Laurain
Director of Public Safety

AUTHORIZATION TO RELEASE INFORMATION

I certify that I can and will, upon request, substantiate all statements made by me on this application that such statements are true, complete, and correct to the best of my knowledge. I also understand that a false statement or dishonest answer to any question shall be grounds for cancellation of my application, removal from the eligibility list or dismissal after appointment.

I hereby authorize the release of any and all records and information from my previous employers or any education institution that I have attended for the purpose of verifying my application and qualifications of employment.

I hereby authorize the Charter Township of Van Buren to investigate my driving and criminal record. I understand that this investigation may result in my not being deemed eligible for employment with Van Buren Township.

_____ _____

Signature Date

46425 Tyler Road, Van Buren Township, MI 48111 – Office: 734-699-8934 – Fax: 734-699-6082 Website: vanburen-mi.org