

**CITY OF MACKINAC ISLAND**

MACKINAC ISLAND, MI 49757

**APPLICATION FOR EMPLOYMENT**

**Instructions – Please Read Carefully**

1. Please type or legibly print all information as requested on this application. If certain information does not apply to you, please enter N/A.
2. Applications not signed will not be considered.
3. All statements made by applicants for employment on this application will be checked for accuracy.
4. The City of Mackinac Island offers equal employment opportunities to all qualified persons without regard to race, color, religion, age, marital or veteran's status, sex, national origin, disability or any other protected status.

Position(s) you are applying for: \_\_\_\_\_

Type of Employment: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Seasonal

How soon could you report for work? \_\_\_\_\_

**PART 1 – PERSONAL INFORMATION**

Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Present Address: \_\_\_\_\_  
(Street or PO Box Number) (City) (State) (Zip Code)

Home Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Other Contact Number: (\_\_\_\_\_) \_\_\_\_\_

When is the best time to call you? \_\_\_\_\_ Are you over the age of 18? \_\_\_ Yes \_\_\_ No

Are you legally eligible for employment in the United States? \_\_\_\_\_

Are you willing to work shift hours, overtime hours, weekends and holidays? \_\_\_\_\_

Have you ever been employed by the City of Mackinac Island? \_\_\_ Yes \_\_\_ No If so, when and in what position? \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been refused a bond? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been arrested and convicted of a felony crime within the past eight (8) years? \_\_\_ Yes \_\_\_ No  
If so, please describe below: date, place and type of offense and court sentence.

\_\_\_\_\_  
\_\_\_\_\_

Have you ever held a position of trust (handling money or confidential material)? \_\_\_ Yes \_\_\_ No

*(Please continue to the next page.)*

**PART 2 – EDUCATION**

Education Level	School Name School Address	Circle Grade Year Comp.	Date Graduated	Course of Study Degree
Elementary School		5 6 7 8		
High School		9 10 11 12		
College Studies		13 14 15 16		
Graduate School		17 18 19 20		

**PART 3 – WORK AND PREVIOUS EMPLOYMENT HISTORY**

**Start with your most recent or present employer and complete in full.**

<b>1. Name and Address of Employer</b>		<b>Telephone Number</b>	
<b>Supervisor's Name</b>	<b>Position Title</b>	<b>Date Hired</b>	<b>Pay Rate</b>
<b>Reason for Leaving</b>		<b>Date Left</b>	
<b>2. Name and Address of Employer</b>		<b>Telephone Number</b>	
<b>Supervisor's Name</b>	<b>Position Title</b>	<b>Date Hired</b>	<b>Pay Rate</b>
<b>Reason for Leaving</b>		<b>Date Left</b>	
<b>3. Name and Address of Employer</b>		<b>Telephone Number</b>	
<b>Supervisor's Name</b>	<b>Position Title</b>	<b>Date Hired</b>	<b>Pay Rate</b>
<b>Reason for Leaving</b>		<b>Date Left</b>	

**Please provide any additional information such as special skills, prior job-related experience, equipment operation or qualifications you feel will be helpful to us in considering your application:**

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**PART 4 – REFERENCES**

(DO NOT LIST RELATIVES OR PRESENT/FORMER EMPLOYERS OR SUPERVISORS)

NAME	ADDRESS	TELEPHONE

**PART 5 – JOB APPLICANT'S AGREEMENT AND CERTIFICATION**

"I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge from employment. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references and any other person to answer all questions asked concerning my ability, character, reputation and previous employment record. I release all such persons from any liability or damages on account of having furnished such information."

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the City of Mackinac Island and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City of Mackinac Island unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the City of Mackinac Island retains the same right."

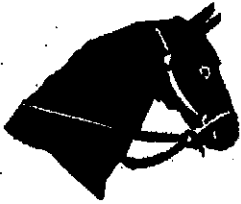
"I understand that prior to being offered employment with the City of Mackinac Island, I may be requested to take an employment examination. In the event I have a disability which will affect my ability to take the test, I will so inform the City of Mackinac Island prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions and accessible testing formats. The City of Mackinac Island reserves the right to require medical documentation concerning the need for the accommodation."

"I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time."

"I understand that this application will be kept on active file for 180 (one hundred eighty) days from the date received, after which time I would have to reapply with established employer procedures."

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

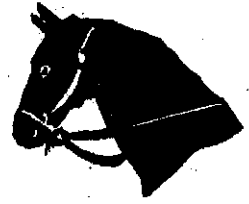


# Mackinac Island Police Department

7374 Market Street

PO Box 188

Mackinac Island, MI 49757



## RELEASE OF INFORMATION

Name:	Date of Birth:	Social Security Number:
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I hereby authorize the Mackinac Island Police Department to conduct an investigation into my background including criminal history, driving records, present and past employment, educational background, military history, personal history and to conduct other investigation that it deems appropriate.

I respectfully request and authorize you to furnish the Mackinac Island Police Department any and all information that you may have concerning my work record, school record, military record, reputation, financial and credit status. This information is to be used to assist the Department in determining my qualifications and fitness for the position I am seeking with the Mackinac Island Police Department.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested above.

I further request and authorize you to accept a photocopy of this signed and notarized waiver as a true copy.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Address

STATE OF MICHIGAN

COUNTY OF \_\_\_\_\_

Before me personally appeared the said \_\_\_\_\_ who says that he/she executed the above instrument of his/her free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Business: 906/847-3300

Facsimile: 906/847-0344

## WAIVER & AUTHORIZATION FOR RELEASE OF INFORMATION

Sections A & B to be completed by all applicants (non-licensed, currently licensed, or previously licensed law enforcement officers)

### Section A - Type or print only:

Last Name:	First Name:	Middle Name:	Suffix (Jr, Sr, III):	
Social Security No.:	Date of Birth:	Phone No.:	Gender <sup>†</sup> :	Race <sup>‡</sup> :
Residence Address (Street, City, State, Zip):			Highest Degree:	
Drivers License No.:	Issuing State:	E-Mail:		

### Section B - Authorization for release of information:

I hereby authorize any individual, agency or organization to furnish to the Michigan Commission on Law Enforcement Standards, the \_\_\_\_\_, their representatives and/or agents (including, but not limited to, academies or contractors) any and all information pertaining to my background and ability to comply with the standards for selection, employment, training and licensing as a law enforcement officer. Such information includes, but is not necessarily limited to: employment, criminal, academic, military, and personal histories; academic, attendance, and driving records; and medical records (includes medical/psychological, including diagnosis and prognosis, if any).

I hereby authorize any individual, agency or organization to release such information upon request. This authorization is executed with the full knowledge and understanding that the information is for official use by the Michigan Commission on Law Enforcement Standards and the \_\_\_\_\_.

Further, I hereby authorize the Michigan Commission on Law Enforcement Standards to release any and all records collected pursuant to this authorization to any individual, agency or organization for the legitimate purposes of fulfilling the Commission's statutory and administrative objectives.

I hereby release any individual, agency or organization, including its officers, employees and related personnel, both individually and collectively, from any and all damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it.

This Authorization shall continue in effect until revoked by me in writing. A photostatic copy of this Authorization shall have the same force as the original.

Applicant Signature:	Today's Date:
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### \*\*\*Section C to be completed by current or previously licensed law enforcement officers only\*\*\*

#### Section C - Former Michigan employing law enforcement agency authorization:

I hereby authorize any and all of my former employing Michigan law enforcement agencies to provide the \_\_\_\_\_, with a copy of the record regarding the reason or reasons for, and circumstances surrounding, my separation of service created by any former employing law enforcement agency or agencies. **(Under 2017 PA 128, MCL§28.561, et seq. a hiring law enforcement agency shall not hire a law enforcement officer unless the hiring law enforcement agency receives the record regarding the reason or reasons for, and circumstances surrounding, a separation of service from each prior employing law enforcement agency.)**

Applicant signature:	Today's Date:
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AUTHORITY: 1965 PA.203; 2017 PA.128  
COMPLIANCE: Voluntary  
PENALTY: No License Activation/Employment/  
Academy Enrollment

\* This information is confidential.  
Confidential information is protected  
by the Federal Privacy Act.

‡ This information is for  
the purposes of EEO  
reporting only.

<sup>†</sup> Type or print the name of the hiring law enforcement agency or the enrolling academy.