

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 Name)

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? _____ Date of Birth _____

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 yes, 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.

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

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:

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

**WAIVER & AUTHORIZATION FOR RELEASE OF INFORMATION
INSTRUCTION SHEET**

The attached WAIVER & AUTHORIZATION FOR RELEASE OF INFORMATION is required for any of the following:

1. Application for employment with a law enforcement agency
2. Application for enrollment into a law enforcement academy
3. Application to the law enforcement licensing process

INSTRUCTIONS

Section A:

To be completed by the applicant of a hiring law enforcement agency, law enforcement academy or RPTE program.

Section B:

The hiring law enforcement agency or the enrolling academy must place their own agency's name in the blank space provided.

- Section B must be signed and dated by the applicant.
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Section C:

The hiring law enforcement agency requesting information must enter their agency's name in the blank space provided.

- Section C must be signed and dated by an applicant who is currently or has previously been licensed.
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Michigan Commission on Law Enforcement Standards
927 Centennial Way, PO Box 30633, Lansing, MI 48909
517-636-7864

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‡:	Race‡:
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 _____¹, 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 _____¹.

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 _____¹, 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.

¹ Type or print the name of the hiring law enforcement agency or the enrolling academy.