

15. Education (list Elementary Schools, High Schools, then Colleges or others):

NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	MAJOR FIELD OF STUDY	DID YOU GRADUATE?	DEGREE, DIPLOMA OR CERTIFICATE

NOTE: An OFFICIAL copy of your college transcripts indicating you have obtained 62 semester credit hours or 93 quarter credit hours must be received by the Human Resources Office by November 20, 2014.

16. Employment: List all employment for at least fifteen (15) years, and begin by listing your last or present employment first. Use additional sheets if necessary

EMPLOYMENT DATES		COMPANY NAME, MAILING ADDRESS AND TELEPHONE NUMBER	WAGE OR SALARY	POSITION	REASON FOR LEAVING
FROM	TO				

17. Character References: Give three, not employers or relatives. At least two of these must have been acquainted with you for more than five years.

NAME	ADDRESS	OCCUPATION	YEARS KNOWN

18. I hereby certify that the foregoing statements are true to the best of my knowledge. I further authorize investigation and verification of all statements contained in this application for employment and release from all liability and responsibility all persons, companies or corporations supplying such information. I understand such information may include records of disciplinary action assessed by previous employers, and hereby release such parties from any obligation to provide me with written notification of such disclosure. I further understand that any misrepresentation, falsification or omission of pertinent facts is good cause for removal from the eligible list or discharge during the probationary period.

SIGNATURE: _____ DATE: _____

City of Warren - Department of Human Resources

EQUAL EMPLOYMENT OPPORTUNITY DATA FORM

In accordance with FEDERAL EQUAL EMPLOYMENT OPPORTUNITY GUIDELINES, the City of Warren is required to maintain statistical data pertaining to the sex and race of job applicants. The information obtained from this form is used for statistical purposes only and does not become a part of your application for employment. Please assist us in obtaining this required data by checking the appropriate spaces below.

Thank you for your cooperation.

Position Applying For: POLICE OFFICER

Name _____ Sex: _____ Female ___ Male

Address _____
Number and Street City State Zip

Ethnic Group:

_____ **WHITE** (not of Hispanic origin) - All persons having origins in any of the original people of Europe, North Africa or the Middle East.

_____ **BLACK** (not of Hispanic origin) - All persons having origins in any of the Black racial groups of Africa.

_____ **HISPANIC** - All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

_____ **ASIAN or PACIFIC ISLANDERS** - All persons having origins in any of the original people of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

_____ **AMERICAN INDIAN or ALASKAN NATIVE** - All persons having origins in any of the original people of North America who maintain cultural identification through tribal affiliation or community recognition.

_____ **MULTI-RACIAL** (having parents of more than one of the broad race categories listed above) - If you select this category please also check the category above which is your predominant race (the race you are most often identified as).

How Did You Become Aware Of This Position?

_____ Detroit News/Detroit Free Press newspaper

_____ CareerBuildiner.com

_____ City Website

_____ Person Told You

_____ Other (Be Specific: _____)

Signature _____ Date _____

APPLICANTS DO NOT COMPLETE THIS FORM - FOR OFFICE USE ONLY

CITY OF WARREN - POLICE OFFICER APPLICATION CHECKLIST

ORIGINAL DOCUMENTS TO BE PRESENTED FOR REVIEW

By DECEMBER 18, 2015, to apply:

- _____ COMPLETED Application
 - _____ COMPLETED Equal Employment Opportunity Data Form
 - _____ **ORIGINAL** Driver's License
 - _____ **ORIGINAL** Social Security Card
 - _____ **ORIGINAL** Birth Certificate/Proof of U.S. Citizenship
 - _____ **ORIGINAL** Photograph (will not be returned)-Print name on back
 - _____ **OFFICIAL COLLEGE TRANSCRIPTS** - Minimum of 62 semester credit hours or 93 quarter credit hours required. Official transcripts must be received in the Human Resources Office in an envelope sealed by the school, or by fax from the school, OR
 - _____ **FOUR YEARS OF ACTIVE U.S. MILITARY DUTY** with an honorable discharge, verified by a Form DD214, OR
 - _____ **TWO YEARS OF PAID FULL-TIME WORK EXPERIENCE AS A CERTIFIED POLICE OFFICER** (from a public, municipal or county police department), as indicated on your application work history.
 - _____ **ORIGINAL Badge and Police Officer I.D.** (If a certified Police Officer), OR
 - _____ **ORIGINAL MCOLES CERTIFICATION LETTER,** OR
 - _____ **PROOF OF ACCEPTANCE INTO CURRENT POLICE ACADEMY YOU ARE ATTENDING** OR
 - _____ **FOUR YEARS OF ACTIVE DUTY IN THE U.S. MILITARY** with an honorable discharge, verified by a Form DD214.
- REQUIRED TO RECEIVE PREFERENCE POINTS:**
- _____ **ORIGINAL** Form DD214 (Only for service during a period of war or receipt of an expeditionary or other campaign service medal during an emergency condition, with an honorable discharge).

FOR MILITARY VETERANS WHO ARE NOT MCOLES CERTIFIED OR CERTIFIABLE*:

Valid MCOLES Reading/Writing and Physical Agility

I understand that I may turn in an application without all of the documents listed above, but that my application is not complete until all documents are accepted by the City of Warren Human Resources Department. I further understand that failure to submit all above required documents by December 18, 2015, by 5:00 p.m. will result in my application not being considered for this or any other position.

*If I am a military veteran, I understand I have until January 11, 2016, by 5:00 p.m., to submit proof of successful completion of both the MCOLES reading/writing and physical agility tests to the Human Resources Office. Failure to provide this proof will result in my application not being under further consideration for this position.

Applicant's Signature

Date

If scheduled for an oral board interview, I want to be notified by

_____ Certified mail

OR

Email: _____
(Print email address)