



Warren C. Evans
County Executive

TEMPORARY POLICE OFFICER APPLICATION FOR EXAMINATION

Carefully read the requirements section. Answer all questions.

Name _____			
(Last)	(First)	(Middle)	
Address _____			
City _____	County _____	State _____	Zip _____
Social Security # _____	Tel.# _____	Email _____	

FOR OFFICE USE ONLY DO NOT WRITE BELOW			
	Reject	Conditional	Accept
By			
Date			
Exp.			
Edu.			
Dr. Lic.			
Other			
MSCTC PRE-EMPLOYMENT TEST SCORES			
R/W	Exp. Date:		
P/A	Exp. Date:		

**NOTE: The following documents must accompany this application to be processed:
MSCTC corrections and MSCTC physical agility scores.**

Applications can be emailed to RECRUITING@WAYNECOUNTY.com or faxed to 313-967-1231.

Equal Opportunity Employer

The County of Wayne is an Equal Opportunity Employer and does not discriminate based on religion, race, color, national origin, age, sex, marital status, height, weight, arrest record or disability.

Wayne County Department of Personnel/Human Resources
500 Griswold, 9th Floor - Detroit, Michigan 48226-2838

In order to be a Police Officer with the Wayne County Sheriff's Department, you must meet all announced qualifications and requirements. You must completely and accurately answer all questions on this application. Any erroneous or missing information can lead to rejection of your application.

REQUIREMENTS:

1. Never have been convicted of a felony. (The Sheriff's Department verifies all applicant statements).
2. Have a good driving record. Applicants are considered to have less than a good driving record if their record of Traffic Violation Convictions at the time of application or appointment shows:
 - Nine (9) points accumulated for moving violations within the last two (2) years.
 - Twenty (20) points accumulated for moving violations within the last five (5) years.
 - A warning letter or a restricted, suspended or revoked driving license for a poor driving record in the last two (2) years followed by an accumulation of six (6) points.
 - A criminal conviction connected with the operation of a motor vehicle within the last five (5) years.
 - Any combination of two (2) convictions for reckless driving or operating while under the influence. Two (2) convictions for driving while impaired.
 - A conviction for driving while your license is suspended or revoked for a poor driving record within the last five (5) years.
 - A currently restricted or probationary driving license under the Michigan point system.

NOTE: Any candidate not disqualified under the above section whose driving license is restricted, suspended or revoked or who has not paid an outstanding traffic fine, must have their license restored and have paid all fines prior to appointment.

3. Pass a pre-employment medical examination and be in good physical condition to perform essential job duties as determined by a licensed physician or qualified health care professional in compliance with MCOLES statues including:
 - Free from any physical defects or chronic diseases that may impair the performance of essential job duties or endanger the lives of others.
 - Height and weight in relation to each other as indicated by accepted medical standards.
 - Free from mental or emotional diseases that may impair the performance of essential job duties or endanger the lives of others.
 - Free from any impediment of the senses, physically sound and in possession of extremities.
 - Possess 20/20 corrected vision in each eye.
 - Possess normal visual functions in each eye, including peripheral vision, depth perception, night vision and normal color vision.
 - Possess normal hearing. Unaided hearing shall be tested for each ear and be within professionally acceptable ranges.
 - Free from drugs. Use of controlled substance for other than medical reasons is cause for rejection. Proof of medical necessity is required.
 - Any other physical or mental impairment, disease or defect not mentioned above that may impair the performance of essential job duties or endangers the lives of others.

NOTE: An examinee currently or recently under professional medical care may be required to submit a report from the medical professional indicating his/her current medical condition and ability to perform the essential job duties.

Review of Standards:

I have read and understood the above standards and I believe I meet the requirements to be a Police Officer.

SIGNED _____
DATE _____

ACCOMMODATIONS FOR THE DISABLED: A disabled person needing accommodation in connection with a job application or to participate in the examination process must notify the Department of Personnel/Human Resources. A reasonable accommodation may also be required on the job to enable the individual to perform the essential job functions. Such accommodations will be evaluated at the time of appointment.

24. On what date did you first live at your present address? _____

Give addresses of other places that you have lived in the past five (5) years and dates of residence:

Address _____ From: _____ To: _____

City _____ State _____ Zip Code _____

Address _____ From: _____ To: _____

City _____ State _____ Zip Code _____

25. Driver's License Information:

(a) DRIVER'S LICENSE NUMBER: _____ Expires on: _____

(b) List approximate number of points for moving violations in the last two (2) years: _____

(c) List approximate number of points for moving violations in the last five (5) years: _____

(d) Have you ever received a warning letter, suspension, restriction, or a revocation for poor driving record? Yes No

If 'YES', please list all warning letters for poor driving record, suspensions, or revocation received. Include the date(s) and type of action.

NOTE: Failure to indicate a warning letter for poor driving record, a suspension, a restriction or a revocation is grounds for immediate rejection of your application.

The following questions are evaluated during the background check.

26. Name and address of the person whom you wish to be notified in case of emergency.

27. Do you have any other source of income other than your salary?

Explain: _____

28. Do you know of anyone who may try to injure you in any way?

Explain: _____

29. Have you ever been court-martialed while a member of the Armed Forces?

Explain:

30. Have you ever made application with another Law Enforcement Agency?

Give name(s):

31. If you have previously been investigated by the Wayne County Sheriff's Department, or by any other agency, state the name of the agency and date of investigation:

32. Have you ever been rejected for employment in law enforcement/security or as a police officer with the Wayne County Sheriff's Department or anyother security/law enforcement agency? _____

If yes, state reason and date: _____

33. Have you ever been arrested or charged with a criminal offense? This includes all arrests, including those which resulted in dismissal or acquittal and your arrest records have been returned to you. This also includes convictions which were ultimately overturned, dismissed or expunged. The fact that you were arrested or the number of arrests will not affect your application. However, failure to indicate an arrest is grounds for an immediate rejection of your application.

Yes No

If yes, explain:

PRIOR WORK EXPERIENCE: Account for ALL of your time in the past TEN (10) years and any earlier experience which qualifies you for the position for which you are applying. If more than one position was held under the same employer, describe each position separately. Periods not worked must also be indicated (homemaker, military service, unemployed, etc.). If more space is needed, attach additional sheets. For "Your Duties" describe in detail the kind of work and responsibilities.

34. From: _____ Employer: _____ Address: _____
To: _____ Your Title: _____ City: _____ State: _____ Zip: _____
Hours per week: _ Your Duties: _____
Starting Salary \$ _____
Last Salary \$ _____
Reason for leaving: _____

35. From: _____ Employer: _____ Address: _____
To: _____ Your Title: _____ City: _____ State: _____ Zip: _____
Hours per week: _ Your Duties: _____
Starting Salary \$ _____
Last Salary \$ _____
Reason for leaving: _____

36. From: _____ Employer: _____ Address: _____
To: _____ Your Title: _____ City: _____ State: _____ Zip: _____
Hours per week: _ Your Duties: _____
Starting Salary \$ _____
Last Salary \$ _____
Reason for leaving: _____

37. From: _____ Employer: _____ Address: _____
To: _____ Your Title: _____ City: _____ State: _____ Zip: _____
Hours per week: _ Your Duties: _____
Starting Salary \$ _____
Last Salary \$ _____
Reason for leaving: _____

38. From: _____ Employer: _____ Address: _____
To: _____ Your Title: _____ City: _____ State: _____ Zip: _____
Hours per week: _ Your Duties: _____
Starting Salary \$ _____
Last Salary \$ _____
Reason for leaving: _____

39. From: _____ Employer: _____ Address: _____
To: _____ Your Title: _____ City: _____ State: _____ Zip: _____
Hours per week: _ Your Duties: _____
Starting Salary \$ _____
Last Salary \$ _____
Reason for leaving: _____

40. From: _____ Employer: _____ Address: _____
To: _____ Your Title: _____ City: _____ State: _____ Zip: _____
Hours per week: _ Your Duties: _____
Starting Salary \$ _____
Last Salary \$ _____
Reason for leaving: _____

41. From: _____ Employer: _____ Address: _____
To: _____ Your Title: _____ City: _____ State: _____ Zip: _____
Hours per week: _ Your Duties: _____
Starting Salary \$ _____
Last Salary \$ _____
Reason for leaving: _____

42. From: _____ Employer: _____ Address: _____
To: _____ Your Title: _____ City: _____ State: _____ Zip: _____
Hours per week: _ Your Duties: _____
Starting Salary \$ _____
Last Salary \$ _____
Reason for leaving: _____

CERTIFICATE OF APPLICANT

I hereby certify that all information given in this application is true, and I agree and understand that any misstatement of material facts contained in this application may cause forfeiture of all my rights to employment with the County of Wayne. I certify that this application is made under my correct legal name. I further authorize former employers to furnish all information concerning my employment record to the Wayne County Department of Personnel/Human Resources, and I release them from any liability for having furnished this information. A copy of this authorization shall be considered as effective and valid as the original.

I agree that any claim I may have against the Charter County of Wayne (or its' employees, elected officials or agents) must be brought within 180 days of the day I knew or should have known of the claim. I waive any longer but not shorter periods of limitations.

Date: _____

Signature: _____

Where did you hear about the Police Officer position?



EMPLOYMENT APPLICATION / ABBREVIATED BACKGROUND CHECK CCH REQUEST

Last Name	First Name	Middle Name

Address : Street, City , State

Date of Birth	Place of Birth, City and State	Last 4 digits of Social Security No.

Drivers License Number

Have you ever been arrested: Yes ___ NO ___ IF "Yes" explain:

Signature Of Applicant	Date

This section is to be completed by the
BACKGROUND INVESTIGATIVE UNIT SECTION

No Criminal History ___	Approved ___	Rejected ___
Criminal History Found	Sid Number	Approved / Rejected
Yes ___ No ___		___ / ___

Printed Name of Background Unit Supervisor	Signature of Background Unit Supervisor

BENNY N. NAPOLEON

Wayne County Sheriff



OFFICE OF THE SHERIFF

4747 WOODWARD AVE. • DETROIT, MI 48201
TEL: (313) 224-2222 • FAX: (313) 224-2367

**COUNTY OF WAYNE
OFFICE OF THE SHERIFF**

AUTHORITY TO RELEASE INFORMATION

I hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Wayne County Sheriff's Office, within one year of its' date, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of information including but not limited to: military records, the records of educational institutions, financial or credit institutions, public utility companies, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, salary records, real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trail and/or convictions for alleged or actual violations of law, including criminal, civil, and/or traffic records, records of complaint of a civil nature made by or against me, wheresoever's located.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Wayne County Sheriff's Office to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Wayne County Sheriff's Office. I understand that all materials pertaining to this background investigation become the property of the Wayne County Sheriff's Office and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents, employees and related personnel, both individually and collectively, from and against all claims, damages, losses and expenses, including reasonable attorney fees arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

NAME

SIGNATURE IN FULL

ADDRESS

SOCIAL SECURITY NUMBER

TELEPHONE

DATE

"Safer communities through effective, professional law enforcement."