



CITY OF ALMA DEPARTMENT OF PUBLIC SAFETY

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OFFICE OF
DAVID D. WALSH
DIRECTOR

ALMA APPLICATION/TESTING PROCESS FOR APPLICANTS

The Alma Police Department is a progressive organization. It is dedicated to providing the highest possible level of service to the members of the community. The police department seeks only the most highly qualified personnel. Candidates must be motivated, innovative, professional individuals, who are seeking a challenging and rewarding career in law enforcement.

The Alma Police Department prides itself on remaining at the cutting edge of modern policing with innovative techniques centered around our community policing philosophy.

The following information is provided to you in anticipation of your application for the position of certified police officer with the City of Alma. It is essential that you review this information carefully and in its entirety before completing the application. Many of your questions will be answered in this correspondence. Part of this application/qualification process is an accurate assessment of the character of the candidate. Much emphasis is placed upon your character, and as such, indications of your honesty and integrity begin with the submission of your application. All information must be true, accurate, and without omission on this and all other forms submitted for processing, as well as in all other phases of the testing process. This is a critical facet, which will be verified by an intensive background investigation. If you desire to become an Alma Police officer, your character must be beyond reproach!

**ALMA DEPARTMENT OF PUBLIC SAFETY
BACKGROUND INFORMATION REQUEST**

INSTRUCTIONS

Read every question carefully and ANSWER EACH QUESTION ACCURATELY. An applicant may be disqualified from further processing and may be discharged from employment if; he/she makes a false statement of a material fact; practices or attempts to practice any deception or fraud in his/her examinations; or in his/her appointment.

ALL ENTRIES EXCEPT SIGNATURE MUST BE TYPED OR PRINTED LEGIBLY WITH PEN AND INK (TYPING PREFERRED). If the space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with the questions.

READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS STATEMENT.

The attached Background Information Request is lengthy, personal, and comprehensive. It is a stage in the selection process to help achieve our goal of recruiting well-qualified and capable personnel. The form will also serve as a fund of data for investigators doing the background investigation. Items on the Background Information Request relate to many subjects including education, previous employment, references, military service, credit references, outstanding loans, traffic citations, and arrests.

If a question does not apply to you or your set of circumstances, indicate by placing the letters DNA next to the answer.

The applicant has the right to refuse to answer any question(s) on the Background Information Request. If you wish to exercise this right on any question, indicate, "right to refuse" next to the question along with your initials. A false answer to any question in this Request may be grounds for not employing you, or for dismissing you after you begin work.

READ EVERY QUESTION...REMEMBER, YOU MUST GIVE A REASON TO EACH QUESTION.

I understand that I have the right to answer any question(s) in the Background Information Request, and certify that all of the statements I make will be true to the best of my knowledge and belief.

Date: _____ Signature of Applicant _____

INSTRUCTIONS (continued)

Upon completing this request, please return it to the Alma Department of Public Safety, 525 East Superior St., Alma , MI 48801, along with the following items:

1. Photocopy of birth record.
2. Copy of High School Diploma/College Certificates
3. If you had military experience, a copy of your D.D. 214
4. Resume
5. Copy of your driver's license
6. Copy of your MCOLES pre-employment test results (reading/writing and physical scores) if not certified.
7. Copy of Student performance record from MCOLES sponsored Police Academy

Failure to include any of the above items may result in suspension of your hiring process.

Date: _____ Signature of Applicant _____

I. PERSONAL HISTORY

Full Name (Last) _____ (First) _____ (Middle) _____

The Alma Department of Public Safety conducts a complete background search of all applicants that cover all periods of the applicant's life. In order to complete this background investigation, please list all nicknames, aliases, or other names (including pre-marital) you have used during your lifetime.

Current Address (number) _____ (street) _____ (City/State/Zip) _____

Home Phone _____ Cell Phone _____

PLEASE LIST ALL ADDRESSES FOR THE PAST 10 YEARS:

Previous address: _____

How long? _____

Previous address: _____

How long? _____

Previous address: _____

How long? _____

Previous address: _____

How long? _____

Previous address: _____

How long? _____

II. FAMILY HISTORY – (Please note if deceased)

SPOUSE

Name _____

Maiden Name if different _____

How long have you been married? _____

PARENTS

Father's Name _____

Address: _____

Phone No. _____

Mother's Name _____

Address: _____

Phone No. _____

SIBLINGS

Name _____ Relationship _____

Address _____

Phone No. _____

Name _____ Relationship _____

Address _____

Phone No. _____

Name _____ Relationship _____

Address _____

Phone No. _____

Name _____ Relationship _____

Address _____

Phone No. _____

Name _____ Relationship _____

Address _____

Phone No. _____

Name _____ Relationship _____

Address _____

Phone No. _____

III. EMPLOYMENT HISTORY

What is your present occupation? _____

Are you now engaged in any business as an owner, shareholder or partner?

Yes _____ No _____

If yes, give details, positions, dates, and agencies: _____

List your complete work history, starting with your present position and working backward to your first employment. List any period of employment. All of your time must be accounted for. Include all part-time employment. Also list separately any different positions you may have had with the same employer.

Employer	address	City/State
Phone number	from/to	Supervisor
Occupation/position	salary	reason for leaving
Name of co-worker	phone number	



Employer	address	City/State
Phone number	from/to	Supervisor
Occupation/position	salary	reason for leaving
Name of co-worker	phone number	



Employer	address	City/State
-----------------	---------	------------

Phone number	from/to	Supervisor
--------------	---------	------------

Occupation/position	salary	reason for leaving
---------------------	--------	--------------------

Name of co-worker	phone number
-------------------	--------------

Employer	address	City/State
-----------------	---------	------------

Phone number	from/to	Supervisor
--------------	---------	------------

Occupation/position	salary	reason for leaving
---------------------	--------	--------------------

Name of co-worker	phone number
-------------------	--------------

Employer	address	City/State
-----------------	---------	------------

Phone number	from/to	Supervisor
--------------	---------	------------

Occupation/position	salary	reason for leaving
---------------------	--------	--------------------

Name of co-worker	phone number
-------------------	--------------

Employer address City/State

Phone number from/to Supervisor

Occupation/position salary reason for leaving

Name of co-worker phone number



Employer address City/State

Phone number from/to Supervisor

Occupation/position salary reason for leaving

Name of co-worker phone number

Were you ever disciplined, discharged, asked or forced to resign from any employment?

Yes _____ No _____

If yes, give employer's name and details _____

How many times have you been late for work in the past five years? _____

Why?

IV. EDUCATIONAL HISTORY

Name of High School attended _____

City/State

Phone Number

Class Ranking _____

G.P.A. _____

List activities _____

List in order, starting with most recent, names of colleges/universities attended.

Name

City/State

Name

City/State

Name _____ City/State _____

Name _____ City/State _____

Date of Graduation _____ Degree _____

Major _____ Minor _____

Were you ever dismissed from a school or college, or were any other disciplinary actions, including scholastic probation ever taken against you? Yes _____ No _____

If yes, indicate college, date and type of action _____

Are you MCOLES certified or certifiable in Michigan? Yes _____ No _____

Have you had academy training? Yes _____ No _____

If yes, indicate which academy _____

The Michigan Commission on Law Enforcement Standards requires a police officer to possess a high school diploma or equivalent. Please check the appropriate box below:

_____ I possess a high school diploma or I passed the GED Test.

_____ I possess other equivalent. Explain _____

Can you read, speak, or write any foreign language? Yes _____ No _____

If yes, give details _____

V. **TRAFFIC AND CRIMINAL HISTORY**

Drivers License Number _____ State _____

Have you ever held a license in another state? Yes _____ No _____

If yes, name of state _____

Indicate below every traffic violation in this State or elsewhere:

<u>DATE</u>	<u>OFFENSE</u>	<u>POLICE AGENCY</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your license ever been suspended, denied, or revoked? Yes _____ No _____

If yes, give dates, explain _____

Indicate below every traffic accident you have had in this State or elsewhere:

<u>DATE</u>	<u>AT FAULT</u> Y/N	<u>POLICE AGENCY</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been involved in an accident where another person was injured or killed? Yes _____ No _____

If yes, explain in detail _____

Indicate below ALL arrests, including juvenile, by any federal, state, or local law enforcement agency.

<u>DATE</u>	<u>CHARGE LOCATION</u>	<u>POLICE AGENCY</u>
_____	_____	_____

DISPOSITION _____

DISPOSITION _____

DISPOSITION _____

Has any member of your family or close relative ever been convicted for any offenses other than traffic? Yes _____ No _____

If yes, give details: _____

Have you ever been a party (plaintive/defendant) in a civil action?

Yes _____ No _____

If yes, give

details: _____

Have you ever had an arrest, conviction, guilty plea or any other criminal matter expunged from your record, either as a juvenile or an adult? Yes _____ No _____

If yes, give

details: _____

Have you ever had a non-public record deferred or dismissed under the provisions of any of the following statutes: Holmes Youthful Trainee Act, Controlled Substance Act, Spouse Abuse Act, Parental Kidnapping. Yes _____ No _____

If yes, give

details: _____

VI. MILITARY HISTORY

Have you ever served on active duty in the Armed Services of the United States?

Yes _____ No _____

If yes, attach copies of discharge or separation papers and indicate below all active military service.

Branch Ser. # From/To High Rank Discharge

Were you ever court-martialed, tried on charges, or were you the subject of a Summary Court, Deck Court, Captain's Mast, Company Punishment, or any other disciplinary action? Yes _____ No _____

If yes, explain in detail, including reason, type of disciplinary action, date, charge, and disposition.

Are you now, or have you ever been a member of any military reserve or National Guard Organization? Yes _____ No _____

If yes, give details _____

If you were enrolled in specialist schools while in the armed forces, specify the military school, length of time attended, and type of study.

List all commendations and citations awarded you as a member of the armed forces.

VII. HOBBIES, SPORTS, ACTIVITIES

List any hobby, sports, or activities in which you have participated in since high school:

NAME

LENGTH OF PARTICIPATION

VIII. MISCELLANEOUS

Do you have any special skills or qualifications that would help us in assessing your qualifications?

Have you ever been a law enforcement officer in another jurisdiction?

Yes _____ No _____

Agency

City

Telephone

Supervisor _____ Reason for leaving _____

Agency

City

Telephone

Supervisor _____ Reason for leaving _____

Have you ever been questioned in a departmental internal affairs investigation?

Yes _____ No _____

If yes, Explain _____

Have you ever been the subject of a citizen complaint? Yes _____ No _____

If yes, explain _____

Does the sight of blood nauseate you? Yes _____ No _____

When confronted with an injury to yourself or another, do you:

_____ remain calm _____ become reasonably excited

_____ get very excited _____ panic

Do you use any controlled substance including marijuana (excluding drugs taken pursuant to a valid prescription, prescribed to you by a doctor)

Yes _____ No _____

Have you used illegal drugs in the past two years? Yes _____ No _____

Does it bother you that you may have contact with people harboring potentially communicable diseases? (e.g. Aids, Hepatitis, Herpes, Tuberculosis)?

Yes _____ No _____

Do you have any knowledge or information, in addition to that specifically called for in the preceding questions, which is or which may be relevant, directly or indirectly, in connection with the investigation of your eligibility or fitness for appointment to the Alma Department of Public Safety, including but not limited to: knowledge or information concerning your character, physical or mental condition, habits, employment, education, subversive activities, family, associations, criminal record, traffic violations, residence or otherwise?

Yes _____ No _____

If yes, explain _____

IX. CHARACTER REFERENCES

List 4 references. Do not use relatives. Must have known for 5 years.

Name	# of years known	
address	city/zip	telephone
Employer	occupation	

How do you know this person (childhood friend, co-worker, college)

How often do you see or speak with this person? _____

Does this person know they are listed as a character reference? Yes ____ No ____

Name

of years known

address

city/zip

telephone

Employer

occupation

How do you know this person (childhood friend, co-worker, college)

How often do you see or speak with this person? _____

Does this person know they are listed as a character reference? Yes ___ No ___

Name _____ # of years known _____

address _____ city/zip _____ telephone _____

Employer _____ occupation _____

How do you know this person (childhood friend, co-worker, college)

How often do you see or speak with this person? _____

Does this person know they are listed as a character reference? Yes ___ No ___

Name _____ # of years known _____

address _____ city/zip _____ telephone _____

Employer _____ occupation _____

How do you know this person (childhood friend, co-worker, college)

How often do you see or speak with this person? _____

Does this person know they are listed as a character reference? Yes ___ No ___

X. AUTOBIOGRAPHY

In your own writing, please write on one page a concise, but informative autobiography.