

EMPLOYMENT APPLICATION PACKET



**City of River Rouge
Police Department
10600 W. Jefferson Ave.
River Rouge, Michigan 48218
(313)842-0069 / (313) 842-8700**

Leonel Lopez - Chief of Police

RIVER ROUGE POLICE DEPARTMENT
POLICE SERVICE – FORMAL APPLICATION
PRINT ANSWERS TO APPLICATION IN INK ONLY.

DATE: _____

1. Name: _____
(Last) (First) (Middle)

Female Applicant-Full Maiden Name

_____ (Last) (First) (Middle)

2. Present Address: _____
(Street)

_____ (City and Zip Code)

3. Telephone Number: _____

4. Date of Birth: _____
Height: _____ Weight: _____

5. Driver's License Number: _____
Social Security Number: _____

6. List all previous addresses during the past five (5) years:

<u>Address</u>	<u>From</u>	<u>To</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Present Marital Status: _____ Number of Dependents: _____

8. Wife's Full Maiden Name: _____

9. Have you ever been widowed, divorced, or separated? _____

10. Are you an American citizen? _____

11. Have you ever been involved in any manner pertaining to an unpaid debt? _____

12. Have you ever been sued? _____

If number 11 or 12 were answered "Yes", explain: _____

13. List all creditors, giving name, address and amount due:

Name: _____ Address: _____ Debt: _____

14. List four (4) mature, responsible persons who are well acquainted with you, other than relatives and former employers:

Name: _____ Address: _____ City, State, and Zip: _____

15. Have you ever been arrested or accused of breaking the law? _____

16. List all moving violations received:

Date: _____ City: _____ Charge: _____ Disposition: _____

17. Total parking tickets received: _____ Number of accidents: _____

18. Have you ever been adjudged at fault in any accident? _____

19. Has your driver's license ever been suspended or revoked? _____

20. List all previous and present applications with other police agencies:

21. List schools attended and circle highest grade completed:

<u>Name</u>	<u>Location</u>	<u>Dates</u>	<u>Grade</u>
_____	_____	_____	1 2 3 4 5 6 7 8
_____	_____	_____	9 10 11 12

22. Diploma? _____ GED: _____

23. College and additional schooling or studies:

<u>School:</u>	<u>Location:</u>	<u>Dates:</u>	<u>Degree/Credits:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

24. Were you ever in the armed forces? _____ Branch? _____

25. Enlistment date: _____ Separation date: _____

26. Type of discharge: _____ Rank held: _____

27. List in chronological order your complete history of employment and unemployment longer than a one month period. Begin from date of leaving school and identify part time employment by the letters "PT" in the left-hand margin.

From: To: Employer: Address: City/State/Zip:

Your duties: _____

Job title: _____

Reason for leaving: _____

From: To: Employer: Address: City/State/Zip:

Your duties: _____

Job title: _____

Reason for leaving: _____

From: To: Employer: Address: City/State/Zip:

Your duties: _____

Job title: _____

Reason for leaving: _____

From: To: Employer: Address: City/State/Zip:

Your duties: _____

Job title: _____

Reason for leaving: _____

***** USE SEPARATE SHEET FOR ADDITIONAL LISTINGS *****

28. Have you ever been discharged or asked to resign from any job:

_____ If yes, explain: _____

29. Do you object to our inquiring or any employer about your character and job performance? _____ If yes, explain: _____

30. Are you now or have you ever been a member of the communist party or any organization which advocates the forceful overthrow of the government?

Remarks: _____

I, the undersigned, state that all the information contained in this application is true to the best of my knowledge. I understand that any false statements I have made shall be cause for rejection before appointment or dismissal from the Department after appointment.

APPLICANT'S SIGNATURE

DATE



City of River Rouge Police

ADMINISTRATION AND RECORDS OFFICE

LEONEL LOPEZ - CHIEF OF POLICE - 10600 W. JEFFERSON AVE. RIVER ROUGE, MI 48218

WAIVER OF LIABILITY AND RELEASE FORM

In consideration of the River Rouge Police Department and the City of River Rouge, Michigan, hereinafter referred to as the Agency, processing my application for employment,

I, _____ hereby irrevocably agree to the following terms and conditions:

1. The term "background investigation" as used in this document refers to any and all information and sources of information that the Agency, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Agency.
2. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action any officer, agent, or employee of the Agency who may conduct my background investigation.
3. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action, any and all person and entities who shall furnish any information or opinions to the officers, agents, or employees of the Agency who conduct my background investigation.
4. I authorize any person or entity contacted by the Agency's officers, agents, or employees during the course of my background investigation, to furnish such officer, agents, or employees any information opinions they may have, and hereby expressly waive any and all legal privileges, the clergyman – penitent privilege, the husband-wife privilege, and the accountant – client privilege.
5. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the Agency or any of its officers, agents or employees for any statements, acts or omissions in the course of my background check.
6. I expressly waive all of my legal rights and causes of actions to the extent that the Agency background check may violate or infringe upon these legal rights and causes of action.
7. I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Agency, realizing such information must of necessity remain ~~confidential. DO NOT SIGN BEFORE READING~~ This release from liability given by me to the political division, the Agency, its officers, agents and employees, and all others as mentioned above, shall apply to my right of action of any nature whatsoever that might accrue to myself, my heirs, or my personal representative.

Date: _____ Signature of Applicant: _____ Date of
 birth: _____ SSN: _____ Driver's License
 Number and State: _____