

MOTOR VEHICLE OPERATION

Operation of a motor vehicle is an integral part of the position of Police Officer/Firefighter. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

Michigan driver's license number:	Expiration date:
Name under which license is granted:	

Please list other states where you have been licensed to operate a motor vehicle:

STATE:	STATE:	STATE:	STATE:
Name under which license was granted:	Name under which license was granted:	Name under which license was granted:	Name under which license was granted:
Have you ever been refused a driver's license by any state? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, please explain below (include when, where, why).			

Please list all traffic citations (excluding parking citations) you have received within the last five (5) years:

Nature of Violation	Location (City)	Approximate Date	Indicate whether fined or action taken on driver's license

Have you ever been involved as a driver in a motor vehicle accident within the last five (5) years?

Yes No If yes, please give details below:

Date:	Location:	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
Date:	Location:	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
Date:	Location:	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
Date:	Location:	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury

EDUCATION

	<i>HIGH SCHOOL</i>	<i>VOCATIONAL/ TECHNICAL</i>	<i>COLLEGE</i>	<i>GRADUATE</i>
School Name, City/State				
Did you graduate? (If not, number of credit hours completed)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Degree/Certificate				
Major/Minor				

Describe any specialized training, apprenticeships, internships, skills, licenses, certificates, and extra-curricular activities that pertain to the position(s) for which you are applying:

List professional, trade, business group memberships and offices held and volunteer work, excluding the groups name and character of which indicate race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected class:

REFERENCES

(Do not include relatives or former employers)

Name	Address	Telephone
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MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States of America or in a State National Guard?

Yes No

If yes, what branch? _____ Rank at discharge _____

Date of discharge _____ Were you honorably discharged? Yes No

Note: A dishonorable discharge from the military will not necessarily be a bar to employment.

EMPLOYMENT HISTORY

List each job held. Start with your present or last job first.

Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for leaving:			
Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for leaving:			
Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for leaving:			
Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for leaving:			

7. In consideration of my employment, I agree to the rules and regulations of the City of Dearborn Heights. I further acknowledge I will be on probationary status for a minimum of 180 days from my date of hire. As a probationary employee, I understand my employment and compensation can be terminated at any time with or without cause and with or without notice at the option of either the City or myself. I understand that no officer or representative of the City has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the Mayor of the City and any such agreement must be made in a signed writing directed to me personally.

I further understand that after my probationary period ends I will be subject to the terms and conditions of the collective bargaining agreement between the City and my unit. I acknowledge that no one has made any representations or statements contrary to the City's probationary at-will policy to me or about the City's economic outlook or stability either orally or in writing, and I acknowledge that no one has the authority to make such representations or statements to the contrary in the future.

Signature _____

Date _____

8. I agree that any lawsuit against the City arising out of my employment or termination of employment, including but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within one year of the event giving rise to the claims or be forever barred. I waive any limitations period to the contrary.

Signature _____

Date _____