



City of South Haven

South Haven Police Department

90 Blue Star Hwy., Suite #1
South Haven, Michigan 49090-1499
Telephone (269) 637-5151 • Fax (269) 637-9346

APPLICATION FOR EMPLOYMENT

Please Print or Type

Today's Date: _____

Position applying for: F/Time Dispatch P/T Dispatch F/Time Police Seasonal Police Beach Parking

PERSONAL INFORMATION

1. Name: _____ 2. Social Security No XXX-XX-
(last 4 digits): _____
Last First Middle Initial

3. Would any of your past employers, education institutions, or references listed on this application know you by any other name than the one listed above? Yes No

4.. If yes, please list that name: _____
Last First Middle Initial

5. Present Address: _____
St. No./Box No. Street/Rural Route City State Zip

6. Telephone Number: _____ 7. Are you over 18 years of age? Yes No

8. If not, please state your age? _____ 9. If hired, can you provide proof of age? Yes No

10. Do you have a valid drivers license? Yes No 11. If yes, list number: _____

If the position for which you are applying requires driving, please answer questions # 12 and 13 otherwise skip to question # 14 .

12. Have you ever held a professional or driver's license, which has been suspended or revoked?
Yes No If yes, explain: _____

13. Are proceedings pending to suspend or revoke such license? Yes No If yes, explain: _____

Your answers to these questions do not necessarily bar you from employment, but will be considered in relation to job requirements.

14. Have you ever been convicted (including a pleas of guilty or no contest) of a crime (misdemeanor or felony), by a civilian or military court, or have you ever been arrested for a felony offense? Yes No

If yes, offense/charge/date: _____

A yes to this question does not necessarily bar you from employment, but may be considered in relation to job requirements.

15. Have you ever been employed by the City of South Haven? Yes No

. If Yes, please give dates and position _____

16. Can you perform all of the essential job functions of the position(s) for which you are applying, with or without reasonable accommodations for a protected disability or religious practice? Yes No

17. Do you have any relatives employed by the City of South Haven: Yes No

If Yes, names of relatives: _____

18. If hired, can you provide written evidence that you are authorized to work in the U.S.? Yes No

PERSONAL REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

RECORD OF EDUCATION

	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? Yes No If yes, please describe:

MILITARY SERVICE RECORD

Have you ever been a member of the Armed Services of the U.S.A.? Yes No

If so, what branch of Service? _____ What was your rank? _____

Dates of Service: from _____ to _____

Does your military experience have any relationship to the job for which you are applying? Yes No If yes, explain:

EMPLOYMENT HISTORY

List below present and past employment in chronological order, beginning with your most recent.

May we contact your current employer? Yes No

From	To	Employer Name	Telephone
			()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	
From	To	Employer	Telephone
			()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	
From	To	Employer	Telephone
			()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	
From	To	Employer Name	Telephone
			()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	

APPLICANT STATEMENT

PLEASE READ CAREFULLY

I affirm that the facts set forth above are true and complete to the best of my knowledge. False, incomplete or misrepresented statements provided by me may result in a refusal to hire, revocation of an offer of employment, or termination of employment once falsity of a statement becomes known. I understand that the City of South Haven requires a background check and that hiring is contingent upon receipt of satisfactory results. I further understand that an offer of employment is contingent upon successfully passing a drug test and a medical examination.

I hereby authorize investigation of all information contained in this application and also authorize full disclosure of my present and prior work records by an employer. I understand that employment arising out of this application is contingent upon the results of this investigation. I hereby release any employer from any obligation to provide me with written notification of any information disclosed. I understand that it may include a record of disciplinary action assessed by the employer.

Michigan law provides that disabled persons are entitled to certain legal rights including, where appropriate, accommodation. If you are disabled and need accommodation, you must notify the City of South Haven in writing of the need for accommodation within 182 calendar days of the date you know or should have known of the need for accommodation. Failure to give timely written notice of the need for accommodation may result in loss of legal rights under Michigan law.

As a condition of my application for employment or employment (if employed) and to the extent permitted by law, I agree not to file any action or suit relating to my employment or application for employment with the City of South Haven more than 180 calendar days (or in less time if any applicable law so requires) after the event and/or employment practice or action complained of including, but not limited to, employment termination and discrimination claims against the City of South Haven or its agents, claims for wages, salary, or expenses, and to waive any statutes of limitation to the contrary (except those requiring a shorter period). While I understand that the statute of limitations for claims arising out of an employment action may be longer than 180 days, I agree and understand that any employer action that is the subject of a lawsuit is barred if it is not filed within the 180 day period (or in less time if any applicable law so requires). This provision does not prohibit the filing of a charge of discrimination under federal law within the time permitted by law, but unless filed within 180 days (or in less time if any applicable law requires), an individual waives the right to recover money damages or other relief. Filing a charge or claim with an administrative agency or internally with the employer does not toll the 180 calendar day period for filing a civil suit. No policy, written, or oral statement may modify this time limitations for filing a claim, unless it is a written agreement signed by the City Manager and me.

I also understand and agree that my employment will be subject to employment policies in existence at the City of South Haven and any policies adopted or amended by the City Council.

RESIDENCY REQUIREMENT: All full-time employees with jobs that require being on call or emergency response are required to establish a bona fide residence and their primary domicile within a twenty mile radius of the city limits within six months after completion of their probationary period and to maintain residency as a condition of continued employment.

I have read and understand and agree to the above statements and conditions of employment.

Signature of Applicant

It is the policy of the City of South Haven not to discriminate in its employment and personnel practices because of a person's race, color, creed, religion, sex, national origin, age, height, weight, marital status, disability, or any other basis protected by federal, state, or other applicable law.