

ALMONT POLICE DEPARTMENT  
PRE-EMPLOYMENT  
QUESTIONNAIRE



## DIRECTIONS

The Almont Police Department endeavors to employ those individuals who possess the highest levels of personal integrity and character. Police Officers of this Department, as well as those of any other law enforcement agency, are held to a higher standard by those they serve, the citizen. It is our obligation to the members of our community to take all necessary steps in carefully selecting the men and women who will eventually wear the badge of an Almont Police Officer.

We make that selection based on a number of significant factors that would indicate whether the candidate is capable of performing the “essential functions of a law enforcement officer” regardless of their race, color, ethnicity, religion, gender or sexual orientation.

The purpose of this questionnaire is to provide the Almont Police Department with other relevant information to facilitate the oral interview and the subsequent background investigation, if the candidate moves into these phases of the hiring process.

Responses to all questions must be those of the person making the application. The accuracy or inaccuracy of any of the responses will be the sole responsibility of the applicant. Read all the questions carefully and respond as completely and clearly as possible.

Failure to respond to the questions without adequate explanation, or failure to accurately provide the information requested, will result in your immediate disqualification.

## **Almont Police Department**

**Andrew Martin, Chief of Police**

Telephone (810) 798-8300

817 N. Main St

Fax (810) 798-2733

Almont, MI 48003

### **THE ALMONT POLICE DEPARTMENT'S MISSION STATEMENT**

The Almont Police Department will respond to the community needs through a combined strategy of preventative, proactive and reactive policing programs, using the concept of a total and integrated team effort by all employees, the whole of which will be supported by a progressive, participatory management environment.

### **PRIMARY GOAL AND OBJECTIVE**

To build a partnership, biased on mutual trust, between citizens and the police department, sharing the responsibility of solving problems to provide a safe community.

Pre-Employment

ALMONT POLICE DEPARTMENT

Questionnaire

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status; the presence of a non-job related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT CLEARLY OR TYPE)

Position Applied For		Date of Application			
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In			
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____			
Last Name		First Name		Middle Name	
Address	Apt Number	Street	City	State	Zip Code
Home #		Cell#		Social Security Number	
Operator's License Number		State of Issuance		Type	

Are you 21 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever filed an application with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give date \_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give date \_\_\_\_\_

Is any additional information relative to a different name, necessary to check work records?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Are you currently employed?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

May we contact your present employer?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Are you currently on "lay-off" status and subject to recall?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

In which type of position are you interested?      \_\_\_\_\_ Full Time      \_\_\_\_\_ Part Time

Have you applied at any other agency?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please describe current standing or prospect of employment: \_\_\_\_\_

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## Residences

Beginning with your current address, list all the addresses where you have lived within the past 10 years.

From (Date):	To (Date):	Address:

## Family History

Below, list names of those relatives that we may use as a reference source, other than the following:  
Mother, Father, Husband, Wife or Dependent Children.

Full Name	Address	
Telephone Number	Relationship	Age

Full Name	Address	
Telephone Number	Relationship	Age

Full Name	Address	
Telephone Number	Relationship	Age

Full Name	Address	
Telephone Number	Relationship	Age

Full Name	Address	
Telephone Number	Relationship	Age

Education Schools	Elementary School	High School	Undergraduate College/University	Graduate Professional
	School Name and Location			
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Course of Study				
List any honors you received				
List/Describe any specialized training, apprenticeship, skill sets, and extracurricular activities.				
Additional information you feel may be helpful to us in considering your application.				

**Foreign Languages you can speak, read, and/or write**

	Fluent	Good	Fair
Speak			
Read			
Write			

**Police Academy Education**

Name of Academy	From	To
Address	Street	City
	State	Zip
Total Hours of instruction	Graduate	<input type="checkbox"/> YES <input type="checkbox"/> NO
Total Number of Recruits	Academic Ranking	
Grade Point Average		

Michigan Commission On Law Enforcement Standards (MCOLES) Certified? YES NO

**\*Please attach copies of Police Academy Diploma and MCOLES documentation**



## Employment

Start with your present or most recent job. Include any job related military service assignments, and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer		Length of Employment	Work Performed
Address		Final Hourly Rate/Salary	
Telephone Number(s)			
Job Title	Supervisor	Start Hourly Rate/Salary	
Reason for Leaving			

Employer		Length of Employment	Work Performed
Address		Final Hourly Rate/Salary	
Telephone Number(s)			
Job Title	Supervisor	Start Hourly Rate/Salary	
Reason for Leaving			

Employer		Length of Employment	Work Performed
Address		Final Hourly Rate/Salary	
Telephone Number(s)			
Job Title	Supervisor	Start Hourly Rate/Salary	
Reason for Leaving			

Employer		Length of Employment	Work Performed
Address		Final Hourly Rate/Salary	
Telephone Number(s)			
Job Title	Supervisor	Start Hourly Rate/Salary	
Reason for Leaving			

Employer		Length of Employment	Work Performed
Address		Final Hourly Rate/Salary	
Telephone Number(s)			
Job Title	Supervisor	Start Hourly Rate/Salary	
Reason for Leaving			

Employer		Length of Employment	Work Performed
Address		Final Hourly Rate/Salary	
Telephone Number(s)			
Job Title	Supervisor	Start Hourly Rate/Salary	
Reason for Leaving			

\*If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experiences. \_\_\_\_\_

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Arrests, Detentions, Court Actions

Have you ever been arrested or taken into police custody for ANY reason? YES NO

If YES, complete the following section to explain:

Offense Charged/Reason                      City, State                      Date                      Police Agency                      Disposition of Case

Offense Charged/Reason	City, State	Date	Police Agency	Disposition of Case

Have you ever been stopped and questioned by police for anything other than merely a traffic violation? YES NO

If YES, please explain \_\_\_\_\_

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Have you ever been called into court for anything other than a traffic violation? YES NO

If YES, please explain \_\_\_\_\_

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**Arrests, Detentions, Court Actions**

Do you now, or have you had, any Civil Judgements against you? YES NO

If YES, please explain \_\_\_\_\_

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Has your driver's license ever been suspended or revoked in any other state? YES NO

If YES, please give date, location and reasons

Date	Location	Reasons

List all traffic citations you have received in the past five years, in this or any other state. Include No Driver's License, Inspection, Insurance, Seat Belt, etc.

Offense Charged/Reason                      City, State                      Date                      Police Agency                      Disposition of Case


## Vehicles

List below any vehicles owned and operated by you on a regular basis.

YEAR	MAKE	MODEL	COLOR	PLATE NUMBER	STATE

List below any traffic accidents in which you have been involved in, in this or any other state, within the last five years.

Approximate Date	Location	Police Agency	Describe (car/deer, 2 car, etc.)

Approximately how many miles do you drive per year? \_\_\_\_\_

Auto Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

**Financial History**

Have you ever had repossessions or charge-offs on your accounts? YES NO

If YES, please explain \_\_\_\_\_

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Have you ever written any checks which were returned as "Insufficient Funds"? YES NO

If YES, how many and please list them below.

Date	Bank Name and Location	Amount

**Personal Declarations**

Have you ever experimented with illegal drugs? YES NO

If YES, please list types and when \_\_\_\_\_

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Are you currently using any illegal drugs? YES NO

If YES, please list types and how often \_\_\_\_\_

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Have you ever possessed, bought, sold or furnished illegal drugs? YES NO

If YES, please list types, and approximate dates and explain \_\_\_\_\_

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Do you now or have ever used marijuana? YES NO

If YES, how often and please explain \_\_\_\_\_

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**Personal Declarations (continued)**

Describe in your own words the frequency and extent of your use of intoxicating beverages (beer, wine, hard liquors, etc.). \_\_\_\_\_

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Are you willing to use deadly force, if necessary, to protect your life or the life of another (officer or civilian)? YES    NO

If YES, please explain under what circumstances \_\_\_\_\_

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Are you willing to meet and maintain this Department's grooming standards? YES    NO

If NO, please explain \_\_\_\_\_

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Are you able to perform the "Essential Job Functions" of law enforcement officer (review Job Description)? YES    NO

If NO, please explain \_\_\_\_\_

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**Personal Declarations (continued)**

Have you ever been certified or licensed by this state, or any other state, as a peace officer or a jailer? YES NO

If yes, and was not covered in the employment history, please explain here \_\_\_\_\_

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While being a certified or licensed officer, were you ever disciplined by your employer or reprimanded for conduct on or off duty (reprimand, suspension, etc)? YES NO

If YES, explain here \_\_\_\_\_

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List below professional, trade, business or civic activities and offices held.

You must exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or any other protected status.

Name and Address	Type (Social, Fraternal, etc.)	From	To

## References

List five persons not employed by the Almont Police Department who know you well enough to provide current information about you. **Do not** list relatives. **Do not** list supervisors or co-workers who have already been listed in other sections.

Name	Years Known	Home Phone	Cell Phone
Address (number) Street	City	State	Zip
Work Name & Address (number) Street	City	State	Zip

Name	Years Known	Home Phone	Cell Phone
Address (number) Street	City	State	Zip
Work Name & Address (number) Street	City	State	Zip

Name	Years Known	Home Phone	Cell Phone
Address (number) Street	City	State	Zip
Work Name & Address (number) Street	City	State	Zip

Name	Years Known	Home Phone	Cell Phone
Address (number) Street	City	State	Zip
Work Name & Address (number) Street	City	State	Zip

Name	Years Known	Home Phone	Cell Phone
Address (number) Street	City	State	Zip
Work Name & Address (number) Street	City	State	Zip



## ALMONT POLICE DEPARTMENT

Completion of this form is voluntary; however, if consent to obtain this information is not given, it may have an adverse effect on your employment opportunities with the Almont Police Department.

I, \_\_\_\_\_, do hereby authorize a review of, and the full disclosure of, all records concerning myself to any duly authorized agent of the Village of Almont Police Department, or to any authorized agent of a criminal justice agency, or any private agency upon request of the Almont Police Department, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the Military Service Records, "authority to release law enforcement or criminal records or information from a law enforcement agency;" educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and or rating) and financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filled by or against me and the records and recollections of attorneys at law, or of other counsel whether representing me or any other person in any case, either criminal or civil, in which I presently have or have had an interest.

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 Village of Almont Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information' and I hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

A copy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature and shall be valid for one year from the date it is signed.

\_\_\_\_\_  
APPLICANT SIGNATURE (Including Maiden name)      DATE

\_\_\_\_\_  
WITNESS      DATE

\_\_\_\_\_  
APPLICANT ADDRESS

\_\_\_\_\_  
NOTARY PUBLIC      DATE

\_\_\_\_\_  
APPLICANT DATE OF BIRTH

\_\_\_\_\_  
APPLICANT TELEPHONE NUMBER

I understand that nothing contained in this questionnaire or in the granting of any interview, creates a contract between the Almont Police Department and myself for either employment or for the providing of any benefit. No promise regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Almont Police Department unless made in writing by the Chief of Police and the Director of Personnel or the Village Manager.

I understand that all appointments are probationary for a period of one year during which time the employee must demonstrate his or her fitness for continued employment by the Almont Police Department. I also understand that any appointment tendered me will be contingent upon the results of a complete psychological, personal health, drug screen and fitness investigation.

I hereby certify that all questions have been read and there are no misrepresentations, omissions, or falsifications in the answers to the questions. I further certify that all statements are mine and are truthful, accurate and correct to the best of my knowledge. I am aware that should the investigation disclose any misrepresentations, falsifications or inaccuracies, my applications will be rejected and I will be disqualified from this and any future employment considerations with the Almont Police Department.

Further, I understand and agree if any such misrepresentations, falsifications or inaccuracies are discovered after I am employed, whether or not within the probationary period, the department shall have the right to terminate my employment.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME, BY THE SAID \_\_\_\_\_  
\_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_, TO  
CERTIFY WHICH WITNESS MY HAND AND SEAL OF OFFICE.

\_\_\_\_\_  
NOTARY PUBLIC

FOR OFFICE USE ONLY
DATE RETURNED:
TIME RETURNED: