

**CITY OF PORT HURON, MICHIGAN  
FULL-TIME EMPLOYMENT APPLICATION**

The City of Port Huron is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, handicap, sexual preference, orientation and/or identity, or any other legally protected status.

- **YOU MUST COMPLETE ALL SECTIONS OF THE APPLICATION AND A RESUME MUST ACCOMPANY THE COMPLETED APPLICATION. IF YOU ARE NOT COMPLETING THE ONLINE APPLICATION, PLEASE BE SURE TO USE BLUE OR BLACK INK.**
- **FAILURE TO DO SO WILL RESULT IN REJECTION OF YOUR APPLICATION AND YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT.**

Title of position applied for: Police Officer

Date of application: \_\_\_\_\_ Date available for employment: \_\_\_\_\_

Are you available to work: Shift work Yes No Overtime Yes No

Full name (First): \_\_\_\_\_ (Middle): \_\_\_\_\_ (Last): \_\_\_\_\_

Current address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Primary telephone no.: ( ) \_\_\_\_\_ Secondary telephone no.: ( ) \_\_\_\_\_

Email address: \_\_\_\_\_ Driver's license no.: \_\_\_\_\_ State issued: \_\_\_\_\_

Have you ever served in the Armed Forces of the United States? Yes No

If yes, what branch? \_\_\_\_\_ Were you honorably discharged? Yes No

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

Are you 18 years of age or older? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No  
(Proof of citizenship or immigration status may be requested upon employment.)

Have you ever been fired from a job? Yes No  
If yes, give date, where you worked and explanation:

Do you smoke? Yes No **City policy requires a new employee to be a non-smoker.**

Do you have any relatives employed by the "City of Port Huron?" Yes No  
If yes, give their names and relationship to you:

Have you ever been employed by the "City of Port Huron?" Yes No  
If yes, give dates: If you were employed by the City under a different name, state previous name.

**IF YOU ARE APPLYING FOR A POSITION IN THE POLICE DEPARTMENT OR FIRE DEPARTMENT, YOU ARE REQUIRED TO ANSWER THE FOLLOWING QUESTION:**

Have you ever been convicted of a felony? Yes No

If yes, give date, place, charge and disposition of all such convictions:

**NOTE:** A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation, and rehabilitation will be considered.

**EDUCATION RECORD**

EDUCATION:	HIGH SCHOOL	COLLEGE	VOCATIONAL / TECHNICAL
School Name and Location (include City and State)			
Did you graduate? (If not, number of years completed.)	Yes No Highest grade completed: 9 10 11 12	Yes No	Yes No
Major / Minor			
Degree / Certificate			

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

Do you possess a Commercial Driver's License: Yes No

If yes, type and endorsements:

**EMPLOYMENT RECORD (Last 10 years)**

List your employment record, starting with your present or most recent employer.  
Attach an additional page if necessary. If never employed indicate "NONE."

<b>Employer 1</b>			
Employer Name		Starting and Ending Dates of Employment	
Employer Address (including City, State, and zip code)		Starting and Ending Salary	
Supervisor Name		Job Title/Position Held	
Type of Work Performed		Reason for Leaving	

<b>Employer 2</b>			
Employer Name		Starting and Ending Dates of Employment	
Employer Address (including City, State, and zip code)		Starting and Ending Salary	
Supervisor Name		Job Title/Position Held	
Type of Work Performed		Reason for Leaving	
<b>Employer 3</b>			
Employer Name		Starting and Ending Dates of Employment	
Employer Address (including City, State, and zip code)		Starting and Ending Salary	
Supervisor Name		Job Title/Position Held	
Type of Work Performed		Reason for Leaving	
<b>Employer 4</b>			
Employer Name		Starting and Ending Dates of Employment	
Employer Address (including City, State, and zip code)		Starting and Ending Salary	
Supervisor Name		Job Title/Position Held	
Type of Work Performed		Reason for Leaving	

If presently working, may we contact your present employer?    Yes        No

**AGREEMENT AND UNDERSTANDING**

- 1. I certify that the information in this application is true, complete and correct to the best of my knowledge and understand that falsification, misleading, misrepresentation or omission of any information submitted in connection with my application or interview, whether in this document or not, may result in rejection of my application or, if hired, in dismissal.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

- 2. I waive written notice from my current employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel records (even if more than four years old). This waiver is made pursuant to the Bullard-Plawecki Employee Right-to-Know Act.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

- 3. I authorize the references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and any pertinent information they may have (even if more than four years old) and release all parties from any liability for any damages that may result from furnishing same to you.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

- 4. I authorize the City of Port Huron to release any information (even if more than four years old) relating in any way to my employment including disciplinary reports, letters of reprimand or other notices of disciplinary action when such information is requested by any prospective or subsequent employers without any obligation (by them or you) to give me any notice of such disclosure.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

- 5. I agree and understand that any employment offer may be conditioned upon the results of the background check and the post offer, pre-employment drug screening test and medical examination.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

- 6. If employed, I understand that if I need or believe I need an accommodation for a handicap under the Michigan Persons with Disabilities Civil Rights Act, I must notify the City in writing of my need for such an accommodation within 180 days after I know or should have known that I need such an accommodation. My failure to provide such a timely notice will prevent me from claiming that my employer failed to accommodate my handicap under the Michigan Persons with Disabilities Civil Rights Act.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

- 7. In consideration of my employment, I agree to conform to the rules and regulations of the City of Port Huron, as they may be amended from time to time, and I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time 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. I further acknowledge that no one has made any representations or statements to the contrary to the City's employment at-will policy or about the City's economic outlook or stability to me, either oral or in writing, and I acknowledge and understand 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 action or suit against the City of Port Huron arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal Civil Rights Statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**I have read, understand and agree to the terms of each of the above statements, as indicated above.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

By checking this box, I am signing this application electronically. I agree my electronic signature is a legal equivalent of my handwritten/manual signature on all pages of this application.



**DISCLOSURE AND RELEASE**

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from a consumer reporting agency ("CRA"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from CRA concerning previous driving record request made by others from state agencies, and state-provided driving records.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE COMPANY OR THE CRA TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have a right to make a request to the CRA, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me preceding my request. I hereby consent to your obtaining the above information from the CRA, and I agree that such information which the CRA has or obtains, and my employment history with you if I am hired, will be supplied by the CRA to other companies which subscribe to the CRA's services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

\_\_\_\_\_  
Applicant's Name (Please Print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date