



Warren C. Evans  
County Executive

# POLICE OFFICER 2885 OC

## APPLICATION FOR EXAMINATION

Carefully read the requirements section. Answer all questions.

<b>Name</b> _____			
(Last)	(First)	(Middle)	
<b>Address</b> _____			
<b>City</b> _____	<b>County</b> _____	<b>State</b> _____	<b>Zip</b> _____
<b>Social Security #</b> _____	<b>Tel.#</b> _____	<b>Email</b> _____	

FOR OFFICE USE ONLY DO NOT WRITE BELOW			
	Reject	Conditional	Accept
<b>By</b>			
<b>Date</b>			
<b>Exp.</b>			
<b>Edu.</b>			
<b>Dr. Lic.</b>			
<b>Other</b>			
<b>MSCTC PRE-EMPLOYMENT TEST SCORES</b>			
<b>R/W</b>	<b>Exp. Date:</b>		
<b>P/A</b>	<b>Exp. Date:</b>		

Applications can be emailed to [HREXAM@WAYNECOUNTY.com](mailto:HREXAM@WAYNECOUNTY.com) or faxed to 313-967-1231.

Please include of a copy of your driver's license with your application.

### Equal Opportunity Employer

The County of Wayne is an Equal Opportunity Employer and does not discriminate based on religion, race, color, national origin, age, sex, sexual orientation, marital status, height, weight, arrest record or disability.

Wayne County Department of Personnel/Human Resources  
500 Griswold, 9<sup>th</sup> Floor - Detroit, Michigan 48226-2838

In order to be a Police Officer with the Wayne County Sheriff's Department, you must meet all announced qualifications and requirements. You must completely and accurately answer all questions on this application. Any erroneous or missing information can lead to rejection of your application.

**REQUIREMENTS:**

1. Never have been convicted of a felony. (The Sheriff's Department verifies all applicant statements).
2. Have a good driving record. Applicants are considered to have less than a good driving record if their record of Traffic Violation Convictions at the time of application or appointment shows:
  - Nine (9) points accumulated for moving violations within the last two (2) years.
  - Twenty (20) points accumulated for moving violations within the last five (5) years.
  - A warning letter or a restricted, suspended or revoked driving license for a poor driving record in the last two (2) years followed by an accumulation of six (6) points.
  - A criminal conviction connected with the operation of a motor vehicle within the last five (5) years.
  - Any combination of two (2) convictions for reckless driving or operating while under the influence. Two (2) convictions for driving while impaired.
  - A conviction for driving while your license is suspended or revoked for a poor driving record within the last five (5) years.
  - A currently restricted or probationary driving license under the Michigan point system.

**NOTE:** Any candidate not disqualified under the above section whose driving license is restricted, suspended or revoked or who has not paid an outstanding traffic fine, must have their license restored and have paid all fines prior to appointment.

3. Pass a pre-employment medical examination and be in good physical condition to perform essential job duties as determined by a licensed physician or qualified health care professional in compliance with Wayne County Standards including:
  - Free from any physical defects or chronic diseases that may impair the performance of essential job duties or endanger the lives of others.
  - Height and weight in relation to each other as indicated by accepted medical standards.
  - Free from mental or emotional diseases that may impair the performance of essential job duties or endanger the lives of others.
  - Free from any impediment of the senses, physically sound and in possession of extremities.
  - Possess 20/20 corrected vision in each eye.
  - Possess normal visual functions in each eye, including peripheral vision, depth perception, night vision and normal color vision.
  - Possess normal hearing. Unaided hearing shall be tested for each ear and be within professionally acceptable ranges.
  - Free from drugs. Use of controlled substance for other than medical reasons is cause for rejection. Proof of medical necessity is required.
  - Any other physical or mental impairment, disease or defect not mentioned above that may impair the performance of essential job duties or endangers the lives of others.

**NOTE:** An examinee currently or recently under professional medical care may be required to submit a report from the medical professional indicating his/her current medical condition and ability to perform the essential job duties.

**Review of Standards:**

I have read and understood the above standards and I believe I meet the requirements to be a Police Officer.

**SIGNED** \_\_\_\_\_  
**DATE** \_\_\_\_\_

**ACCOMMODATIONS FOR THE DISABLED:** A disabled person needing accommodation in connection with a job application or to participate in the examination process must notify the Department of Personnel/Human Resources. A reasonable accommodation may also be required on the job to enable the individual to perform the essential job functions. Such accommodations will be evaluated at the time of appointment.

**POLICE OFFICER  
APPLICATION FOR EXAMINATION**

1. Have you ever been employed by Wayne County?      Yes      No	2. Are you 18 years of age or older?      Yes      No
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3. Are you a citizen of the United States?      Yes      No If not a citizen, are you a lawful permanent resident of the U.S.?      Yes      No If not a citizen, are you an alien authorized to work?      Yes      No	4. Are you a Wayne County resident? Yes      No
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5. Have you ever been convicted (fined, placed on probation, sentenced to jail or given a suspended sentence) for any violation of law other than minor traffic violations (including expungements and dismissals)? Yes      No Are there any felony charges pending against you? Yes      No A conviction or felony charge does not necessarily prevent employment. A false answer, however, will result in disqualification or dismissal. If your answer is "Yes", explain fully under COMMENTS on Page 7.	6. Have you ever been dismissed or requested to resign from a former position? Yes      No If your answer is "yes", explain fully under COMMENTS on Page 7.	7. If we may call you at your current work telephone, please indicate number: _____
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**IMPORTANT:** The information which you give regarding your experience and training may be rated as a part of your examination and thus affect your final grade. Answer in detail. If more space is needed, attach additional sheets. Attach transcript copies if available or requested. Materials submitted will become part of your permanent record and will not be returned.

8. Did you graduate from High School?      Yes      No If no, do you have a GED?      Yes      No	9. Name and address of High School: _____ _____	10. Date of High School Graduation: _____
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11. Name and address of college or university: _____ _____	12. Major: _____ Minor: _____	13. Degree Received:	14. # Credits Completed Semester      Quarter Hours      Hours	15. Dates Attended: From _____ To _____
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16. Name and address of graduate school: _____ _____	17. Major: Area of Study:	18. Degree Received:	19. # Credits Completed Semester      Quarter Hours      Hours	20. Dates Attended: From _____ To _____
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21. Other schools or training (*for example: trade, vocational, Armed Forces or business*). For each, give the name and location (city, state, and ZIP Code, if known) of school, dates attended, subjects studied, number of classroom hours of instruction per week, certificate and any other pertinent data.

\_\_\_\_\_

\_\_\_\_\_

22. What occupational license, registration, certificate, or journeyman's card do you hold?

Type \_\_\_\_\_ # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type \_\_\_\_\_ # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type \_\_\_\_\_ # \_\_\_\_\_ Expiration Date \_\_\_\_\_

23. Was any of the education or experience claimed on this application obtained under any other name?      Yes      No

If yes, under what name? \_\_\_\_\_ If yes, date changed: \_\_\_\_\_

**(USE COMMENTS SECTION ON PAGE 7 TO EXPAND ON ANY ANSWERS)**

24. On what date did you first live at your present address? \_\_\_\_\_

Give addresses of other places that you have lived in the past five (5) years and dates of residence:

Address \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Address \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

25. Driver's License Information:

(a) DRIVER'S LICENSE NUMBER: \_\_\_\_\_ Expires on: \_\_\_\_\_

(b) List approximate number of points for moving violations in the last two (2) years: \_\_\_\_\_

(c) List approximate number of points for moving violations in the last five (5) years: \_\_\_\_\_

(d) Have you ever received a warning letter, suspension, restriction, or a revocation for poor driving record? Yes No

If 'YES', please list all warning letters for poor driving record, suspensions, or revocation received. Include the date(s) and type of action.

**NOTE: Failure to indicate a warning letter for poor driving record, a suspension, a restriction or a revocation is grounds for immediate rejection of your application.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The following questions are evaluated during the background check.**

26. Name and address of the person whom you wish to be notified in case of emergency.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. Do you have any other source of income other than your salary?

\_\_\_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

28. Do you know of anyone who may try to injure you in any way?

\_\_\_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

29. Have you ever been court-martialed while a member of the Armed Forces?

\_\_\_\_\_

Explain:

\_\_\_\_\_  
\_\_\_\_\_

30. Have you ever made application with another Law Enforcement Agency?

\_\_\_\_\_

Give name(s):

\_\_\_\_\_  
\_\_\_\_\_

31. If you have previously been investigated by the Wayne County Sheriff's Department, or by any other agency, state the name of the agency and date of investigation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

32. Have you ever been rejected for employment in law enforcement/security or as a police officer with the Wayne County Sheriff's Department or anyother security/law enforcement agency? \_\_\_\_\_

If yes, state reason and date: \_\_\_\_\_

33. Have you ever been arrested or charged with a criminal offense? This includes all arrests, including those which resulted in dismissal or acquittal and your arrest records have been returned to you. This also includes convictions which were ultimately overturned, dismissed or expunged. The fact that you were arrested or the number of arrests will not affect your application. However, failure to indicate an arrest is grounds for an immediate rejection of your application.

Yes            No

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRIOR WORK EXPERIENCE:** Account for ALL of your time in the past TEN (10) years and any earlier experience which qualifies you for the position for which you are applying. If more than one position was held under the same employer, describe each position separately. Periods not worked must also be indicated (homemaker, military service, unemployed, etc.). If more space is needed, attach additional sheets. For "Your Duties" describe in detail the kind of work and responsibilities.

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34. From: \_\_\_\_\_ Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
To: \_\_\_\_\_ Your Title: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Hours per week: \_ Your Duties: \_\_\_\_\_  
Starting Salary \$ \_\_\_\_\_  
Last Salary \$ \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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35. From: \_\_\_\_\_ Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
To: \_\_\_\_\_ Your Title: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Hours per week: \_ Your Duties: \_\_\_\_\_  
Starting Salary \$ \_\_\_\_\_  
Last Salary \$ \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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36. From: \_\_\_\_\_ Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
To: \_\_\_\_\_ Your Title: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Hours per week: \_ Your Duties: \_\_\_\_\_  
Starting Salary \$ \_\_\_\_\_  
Last Salary \$ \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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37. From: \_\_\_\_\_ Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
To: \_\_\_\_\_ Your Title: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Hours per week: \_ Your Duties: \_\_\_\_\_  
Starting Salary \$ \_\_\_\_\_  
Last Salary \$ \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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38. From: \_\_\_\_\_ Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
To: \_\_\_\_\_ Your Title: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Hours per week: \_ Your Duties: \_\_\_\_\_  
Starting Salary \$ \_\_\_\_\_  
Last Salary \$ \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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39. From: \_\_\_\_\_ Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
To: \_\_\_\_\_ Your Title: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Hours per week: \_ Your Duties: \_\_\_\_\_  
Starting Salary \$ \_\_\_\_\_  
Last Salary \$ \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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40. From: \_\_\_\_\_ Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
To: \_\_\_\_\_ Your Title: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Hours per week: \_ Your Duties: \_\_\_\_\_  
Starting Salary \$ \_\_\_\_\_  
Last Salary \$ \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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41. From: \_\_\_\_\_ Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
To: \_\_\_\_\_ Your Title: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Hours per week: \_ Your Duties: \_\_\_\_\_  
Starting Salary \$ \_\_\_\_\_  
Last Salary \$ \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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42. From: \_\_\_\_\_ Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
To: \_\_\_\_\_ Your Title: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Hours per week: \_ Your Duties: \_\_\_\_\_  
Starting Salary \$ \_\_\_\_\_  
Last Salary \$ \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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### CERTIFICATE OF APPLICANT

I hereby certify that all information given in this application is true, and I agree and understand that any misstatement of material facts contained in this application may cause forfeiture of all my rights to employment with the County of Wayne. I certify that this application is made under my correct legal name. I further authorize former employers to furnish all information concerning my employment record to the Wayne County Department of Personnel/Human Resources, and I release them from any liability for having furnished this information. A copy of this authorization shall be considered as effective and valid as the original.

I agree that any claim I may have against the Charter County of Wayne ( or its' employees, elected officials or agents) must be brought within 180 days of the day I knew or should have known of the claim. I waive any longer but not shorter periods of limitations.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Where did you hear about the Police Officer position?**

**Do you have a relative employed by Wayne County?** Yes No

If yes, please provide name and explain relationship to you below:







**EMPLOYMENT APPLICATION / ABBREVIATED BACKGROUND CHECK CCH REQUEST**

Last Name	First Name	Middle Name

<b>Address : Street, City , State</b>

Date of Birth	Place of Birth, City and State	Last 4 digits of Social Security No.

<b>Drivers License Number</b>

<b>Have you ever been arrested: Yes ___ NO ___ IF "Yes" explain:</b>

Signature Of Applicant	Date

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This section is to be completed by the  
**BACKGROUND INVESTIGATIVE UNIT SECTION**

No Criminal History ___	Approved ___	Rejected ___
Criminal History Found	Sid Number	Approved / Rejected
Yes ___ No ___		___ / ___

Printed Name of Background Unit Supervisor	Signature of Background Unit Supervisor

**BENNY N. NAPOLEON**

Wayne County Sheriff



**OFFICE OF THE SHERIFF**

4747 WOODWARD AVE. • DETROIT, MI 48201  
TEL: (313) 224-2222 • FAX: (313) 224-2367

**COUNTY OF WAYNE  
OFFICE OF THE SHERIFF**

**AUTHORITY TO RELEASE INFORMATION**

I hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Wayne County Sheriff's Office, within one year of its' date, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of information including but not limited to: military records, the records of educational institutions, financial or credit institutions, public utility companies, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, salary records, real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trail and/or convictions for alleged or actual violations of law, including criminal, civil, and/or traffic records, records of complaint of a civil nature made by or against me, wheresoever's located.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Wayne County Sheriff's Office to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

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 Wayne County Sheriff's Office. I understand that all materials pertaining to this background investigation become the property of the Wayne County Sheriff's Office and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents, employees and related personnel, both individually and collectively, from and against all claims, damages, losses and expenses, including reasonable attorney fees arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SIGNATURE IN FULL

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
DATE

*"Safer communities through effective, professional law enforcement."*