



# HIGHLAND PARK POLICE DEPARTMENT

## APPLICATION PACKAGE

12050 WOODWARD AVE., HIGHLAND PARK, MICHIGAN 48203  
TELEPHONE (313)252-0050

This package consists of the following four documents:

Application for Employment  
HPPD Authorization for Release of Personal Information  
MCOLES Authorization for Release of Information  
Applicant Availability

Please bring or mail the completed documents, with all required supplemental information, to:

**Highland Park Police Administration**  
**Robert B. Blackwell Municipal Building**  
**12050 Woodward Avenue**  
**Highland Park MI 48203-3578**



# HIGHLAND PARK POLICE DEPARTMENT

## POLICE OFFICER APPLICATION

12050 WOODWARD AVE., HIGHLAND PARK, MICHIGAN 48203  
TELEPHONE (313)252-0050

### APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

Your employment is contingent upon your ability to pass a physical examination given by a representative of the City of Highland Park, Resume, Social Security Card, and Military Service Discharge papers (DD-214) must be presented at the time of filing this application.

Position Applied for **POLICE OFFICER – PART TIME**

NAME \_\_\_\_\_  
Last First Middle Suffix

ADDRESS \_\_\_\_\_  
Number Street City State Zip

TELEPHONE ( ) \_\_\_\_\_ HOW LONG HAVE YOU LIVED AT THIS ADDRESS \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_  
Number Street City State Zip

SOCIAL SECURITY # - - DRIVERS LICENSE # \_\_\_\_\_

Are you over eighteen (18) years of age?  Yes  No

Are you a United States Citizen?  Yes  No

Are you currently Michigan commission on Law Enforcement Standards certified or certifiable?  Yes  No

### MILITARY SERVICE RECORD

Have you ever served in the Armed Forces?  Yes  No

What Branch? \_\_\_\_\_ Date of Service \_\_\_\_\_ until \_\_\_\_\_  Active  Reserve

Discharge:  Honorable  General  Dishonorable Are you currently an Active Reserve?  Yes  No

Do you have any mental or physical problems which may limit your ability to perform, the job for which you are applying? \_\_\_\_\_

\_\_\_\_\_

Have you ever received compensation for injuries?  Yes  No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a Misdemeanor or Felony?  Yes  No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

Junior High School \_\_\_\_\_

Name Address City State Zip

Highest Grade level achieved (Circle One) 5 6 7 8

High School \_\_\_\_\_

Name Address City State Zip

Highest Grade level achieved (Circle One) 9 10 11 12

College or University \_\_\_\_\_

Name Address City State Zip

Credit Hours \_\_\_\_\_ Major \_\_\_\_\_ Degree?  Yes  No Level \_\_\_\_\_

**PRIOR WORK HISTORY**

How many employers have you had in the last five (5) years? \_\_\_\_\_

List in order your previous employers – last or present employer first

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Title or Position \_\_\_\_\_ Average Weekly Income \_\_\_\_ \$ \_\_\_\_\_  
Supervisors Name \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Dates of Employment from \_\_\_\_\_ to \_\_\_\_\_

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Employer \_\_\_\_\_ Address \_\_\_\_\_  
Title or Position \_\_\_\_\_ Average Weekly Income \_\_\_\_ \$ \_\_\_\_\_  
Supervisors Name \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Dates of Employment from \_\_\_\_\_ to \_\_\_\_\_

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Employer \_\_\_\_\_ Address \_\_\_\_\_  
Title or Position \_\_\_\_\_ Average Weekly Income \_\_\_\_ \$ \_\_\_\_\_  
Supervisors Name \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Dates of Employment from \_\_\_\_\_ to \_\_\_\_\_

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Employer \_\_\_\_\_ Address \_\_\_\_\_  
Title or Position \_\_\_\_\_ Average Weekly Income \_\_\_\_ \$ \_\_\_\_\_  
Supervisors Name \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Dates of Employment from \_\_\_\_\_ to \_\_\_\_\_

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**PERSONAL REFERENCES**

Name	Address	City	State	Zip	(      ) Telephone #
Name	Address	City	State	Zip	(      ) Telephone #
Name	Address	City	State	Zip	(      ) Telephone #

I certify that all answers to questions and statements that I have made in this application are true, and I agree that any misstatements of material fact shall cause forfeiture of my part of all rights to any employment with the Highland Park Police Department.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

*Please note this Application should be returned with the following:*

- Availability
- MCOLES APPLICANT INFORMATION SHEET AND AUTHORIZATION FOR RELEASE OF INFORMATION form
- HIGHLAND PARK POLICE DEPARTMENT AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION \*\*\*notarized\*\*\*
- Resume and Cover Letter
- two (2) Letters of Reference



# HIGHLAND PARK POLICE DEPARTMENT

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

12050 WOODWARD AVE., HIGHLAND PARK, MICHIGAN 48203  
TELEPHONE (313)252-0050

I, \_\_\_\_\_, authorize the release, review and full disclosure of all records, or any part thereof, concerning myself to any authorized agent of the Highland Park Police Department whether the records are public, private or confidential in nature.

The purpose of this authorization is to give my consent for full and complete disclosure of the listed records:

- Educational Institutions
- Utilities Companies, Cable / Satellite Entertainment, Internet Providers and Telephone Service Providers
- Financial or Credit Institutions, to include records for any depository or savings or checking accounts
- Commercial or retail credit agencies, to include credit reports and ratings
- Medical, psychological, psychiatric and substance abuse reports of consultations, treatments and evaluations at or by any hospital, clinic, private practitioner, and the U.S. Veterans Administration
- Employment or pre-employment records, to include salary records, background reports, polygraph examination reports and polygraph examination questions, pre-employment and promotional examination results, efficiency ratings, disciplinary actions, complaints or grievances filed by or against me, an internal affairs investigation reports
- Real and personal property tax statement and records, as well as other financial statements or records wherever filed
- Records of criminal complaints, arrest, arrest photographs, trials and convictions for alleged or actual law violations, including criminal, traffic records and department of motor vehicle records
- Records of civil complaints made by or against me, wherever located to include the records and re-collections of attorneys a law and other counsel, whether representing me another person in any case in which I have ever been party to or an interest

It is my specific intent to provide access to personal information and to release copies and abstracts, however personal or confidential, they may be or appear to be in the source of that information specifically enumerated are not to be denied access to any records that may not be specifically identified herein.

The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of conducting a background investigation that may provide pertinent information for the Highland Park Police Department to consider in determining my suitability for employment.

In the event my application is disapproved, the sources of any confidential information will not be revealed to me. I agree to indemnify and hold harmless the person, to whom this request is presented, as well as his or her agents and employees, from and against all claims for damages, losses or expenses, to include reasonable attorney's fees arising out of or by the reason of complying with his request.

This release form, and any photocopy of this release from, even though the said photocopy does not contain original writing of my signature, will be valid and should be honored for a period for (1) one year from the date of my signature.

**Notary:**

**Applicant**

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

\_\_\_\_\_  
**Print name**

\_\_\_\_\_  
**My Commission Expires**

\_\_\_\_\_  
**Signature / Date Signed**

\_\_\_\_\_  
**Date of Birth**

**Seal**

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

\_\_\_\_\_

\_\_\_\_\_  
**Address**

**Michigan Commission on Law Enforcement Standards**  
 7426 N. Canal Road, Lansing, MI 48913  
 (517) 322-6525

**APPLICANT INFORMATION SHEET AND  
 AUTHORIZATION FOR RELEASE OF INFORMATION**

*Type or print only:*

Name: Last:	First:	Middle:	Suffix (Jr, Sr, III):
Social Security No.*:	Date of Birth:	Gender <sup>‡</sup> :	Race <sup>‡</sup> :
Residence Address (Street, City, State, Zip):		Phone No.:	Highest Degree:
Drivers License No.:	Issuing State:	E-Mail:	

*Authorization for release of information:*

I hereby authorize any individual, agency or organization to furnish the Michigan Commission on Law Enforcement Standards, its representatives and/or agents (including, but not limited to, its academies or contractors) any and all information pertaining to my background and ability to comply with the standards for selection, employment, training and licensing as a law enforcement officer. Such information includes, but is not necessarily limited to: employment, criminal, academic, military, and personal histories; academic, attendance, and driving records; and medical records (includes medical/emotional, including diagnosis and prognosis, if any).

I hereby authorize any individual, agency or organization to release such information upon request. This authorization is executed with the full knowledge and understanding that the information is for official use by the Michigan Commission on Law Enforcement Standards.

Further, I hereby authorize the Michigan Commission on Law Enforcement Standards to release any and all records collected pursuant to this authorization to any individual, agency or organization for the legitimate purposes of fulfilling the Commission's statutory and administrative objectives.

I hereby release any individual, agency or organization, including its officers, employees and related personnel, both individually and collectively, from any and all damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it.

This Authorization shall continue in effect until revoked by me in writing. A photostatic copy of this Authorization shall have the same force as the original.

Signature:

Today's Date:

AUTHORITY: 203 PA 1965  
 COMPLIANCE: Voluntary  
 PENALTY: No License Activation/  
 Academy Enrollment

\* This information is confidential. Confidential information is protected by the Federal Privacy Act.

<sup>‡</sup> This information is for the purposes of EEO reporting only.





# HIGHLAND PARK POLICE DEPARTMENT ADMINISTRATION

12050 WOODWARD AVE., HIGHLAND PARK, MICHIGAN 48203

TELEPHONE (313)252-0050

NAME:

DATE:

CIRCLE YOUR AVAILABILITY:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
mid/day/aft	mid/day/aft	mid/day/aft	mid/day/aft	mid/day/aft	mid/day/aft	mid/day/aft

SHIFT PREFERENCE:

HAVE YOU EVER BEEN RELEASED FROM A PREVIOUS EMPLOYER, OTHER THAN LAY-OFF? IF YES, EXPLAIN: