



South Lyon police department

MICHIGAN

www.southlyonpolice.com

219 Whipple St.

South Lyon, Michigan 48178

Ph: 248-437-1773 Fax: 248-437-0459

Lloyd T. Collins

Chief of Police

POLICE CADET

The South Lyon Police Department is accepting applications for the position of Police Cadet. This is a part-time, at-will position.

Generally this position will consist of 12-24 hours of work per week.

Police Cadets support the department by providing services in a variety of non-law enforcement duties, such as but not limited to:

Serve subpoenas and other legal documents,

Enforce violations of City Code when instructed to do so,

Act as eyes & ears of the police department by patrolling city parks, trails, and other city facilities on foot on bicycle or in vehicles,

Assist with clerical duties as required,

Assist with Special Events as required,

Perform other duties as assigned by the Chief of Police.

Qualifications

Must be a US citizen.

Must not have been convicted of a crime.

Must have an acceptable Driving Record.

Must be no less than 18 years of age.

Must be a High School graduate or equivalent.

Must be willing to wear and maintain a uniform and work in a para-military environment.

Must be currently enrolled in Law Enforcement College Courses or have successfully completed Law Enforcement Courses.

Must be willing to undergo a background check to determine your suitability to perform in this position.

Applications accepted until May 23rd, 2011.

The City of South Lyon is an Equal Opportunity Employer.

Applicants may apply at the Front Desk of the South Lyon Police Department or call 248-437-1773 for an application.

*Police Department
City of South Lyon*

AUTHORITY TO RELEASE PERSONAL INFORMATION

I hereby authorize the City of South Lyon, Michigan to conduct an investigation into my background, including criminal history, driving record, employment history, educational background, military history, and to conduct any other investigation that it deems appropriate to assist in making a determination as to my suitability for the position of Police Officer.

I request any custodian of the aforementioned information including duly constituted law enforcement agencies or judicial officers or other appropriate persons to furnish the City of South Lyon with all information it may have pertaining to me. **I direct you to release such information upon the request of the City of South Lyon, and I will waive rights I may have under any agreement, written or oral I may have made with you previously to the contrary.**

I hereby authorize the release of any and all such records of any confidential information to a member of the South Lyon Police Department, to be used in conjunction with my application for employment with the City of South Lyon. Further, in consideration of the City of South Lyon considering my application for employment, **I hereby release, relieve and indemnify the City of South Lyon, Michigan, the South Lyon Police Department, any South Lyon Police Officer including the Chief of Police, such custodian of the records as herein indicated, from all liability and/or damages of whatsoever kind or nature arising from the disclosure of any information and/or pertaining to me which is obtained during the investigation.**

Further, in release of my disciplinary actions; any rights afforded me pursuant to M.C.L. 423.501, the employee Right To Know Act, I waive any right to review or obtain copies of such material received by the South Lyon Police Department.

MY FULL NAME (PRINT): _____

FULL ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO.: _____

DRIVER'S LICENSE NUMBER: _____

APPLICANT SIGNATURE SIGNED BEFORE NOTARY

DATE

(State of Michigan)

(County of _____) ss.

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public, _____ County, Michigan

My commission expires: _____

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PH. (248) 437-1773 / FAX (248) 437-0459
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Application for Employment

PLEASE PRINT APPLICATION
THEN FILL OUT COMPLETELY

Personal Information

Name:			Date:
Last,	First	Middle	
Soc Sec#	Driver's License:		
Previous: List any previous NAMES you have used:			
Street:	City:	State:	Zip:
Telephone:	Home: ()	Cell: ()	
Fax Number: ()	E-Mail:		
U.S. Citizen: Yes No (You MUST be a U.S. Citizen to be employed by our agency)			

Positions Applied For: _____

Have you been employed by this agency before? Yes No If yes, list details: _____

How did you hear about this position with our agency? _____

Are you employed now? Yes No If yes, may we contact your present employer? Yes No

Military Experience

Were you in the U.S. Armed Forces? Yes No

If yes, what branch? _____

Type of Discharge: _____

Dates of Duty: From _____ To _____

Rank at Separation: _____

Background Information

Have you ever been convicted of a crime? Yes No (*Criminal background investigation is conducted on every applicant*)

If yes, on what charge: _____

If yes, Date of crime: _____

Date of conviction: _____

Educational Data

Mark highest grade completed: 9 10 11 12 College: 1 2 3 4 Graduate School: 1 2 3 4

School	List Name and Address of each Institution Attended	Type of Degree/Certificate	Date Degree/Certificate Received	Major or Type of Course
High School(s)		N/A		N/A
Technical, Junior or Community College				
College or University				
Michigan Police Academy				Law Enforcement

Skills Relevant to Police Officer Position:

List any hobbies, skills or experience that you feel would aid you in performing the duties of a police officer:

List any training that you feel would aid you in performing the duties of a police officer: _____

Skills Relevant to Civilian Positions:

Note: Answer only those relevant to position applying for:

List computer software in which you are **proficient**: _____

List computer software in which you are **familiar**, but not proficient: _____

List equipment you can operate (related to the position(s) for which you are applying): _____

Employment Complete <u>all</u> blocks, even if a resume is attached		(list most current employer first)
Current Employer Name:		Telephone ()
Address		Employed - (Month & Year) From To
Name of Supervisor	Title of Supervisor	Salary Start Ending
Your Job Title		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Description of Your Work		Reason for Leaving
May we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employer Name:		
Address		Employed - (Month & Year) From To
Name of Supervisor	Title of Supervisor	Salary Start Ending
Your Job Title		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Description of Your Work		Reason for Leaving
May we contact this previous employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employer Name:		
Address		Employed - (Month & Year) From To
Name of Supervisor	Title of Supervisor	Salary Start Ending
Your Job Title		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Description of Your Work		Reason for Leaving
May we contact this previous employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employer Name:		
Address		Employed - (Month & Year) From To
Name of Supervisor	Title of Supervisor	Salary Start Ending
Your Job Title		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Description of Your Work		Reason for Leaving
May we contact this previous employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Personal References List 5 References, NOT related to you, and NOT previous employers, whom you have known at least five (5) years.

1. Name: _____ Number of years known: _____
Address: _____
Home Phone: _____ Cell: _____
Email: _____
Best Time to Contact: _____

2. Name: _____ Number of years known: _____
Address: _____
Home Phone: _____ Cell: _____
Email: _____
Best Time to Contact: _____

3. Name: _____ Number of years known: _____
Address: _____
Home Phone: _____ Cell: _____
Email: _____
Best Time to Contact: _____

4. Name: _____ Number of years known: _____
Address: _____
Home Phone: _____ Cell: _____
Email: _____
Best Time to Contact: _____

5. Name: _____ Number of years known: _____
Address: _____
Home Phone: _____ Cell: _____
Email: _____
Best Time to Contact: _____

Please read the following statements carefully:

Note: This application form was designed for use by persons applying for various types of positions — police officer, clerical, professional, technical, administrative, and other. Resumes may be attached; however a resume may not be substituted for this application form and this application form must be completed in its entirety, or it may be rejected. Please answer all questions to the best of your ability. Official transcripts and copies of licensure or certification will be required if hired. Applicants must be able to document U.S. Citizenship or eligibility for employment if hired.

I certify that all of the statements in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I authorize the City or its designee to investigate all statements and information provided on this application or attached thereto. I understand that false information or the omission of relevant information may be grounds for rejection of my application and/or dismissal if employed. I release from all liability and agree to hold harmless, all former employers, references, and persons providing information about my experience, education and abilities.

Signature

Thank you for your interest in this agency. It is the goal of this agency to strive for excellence and to find the best qualified people available. Although everyone who applies cannot be hired, your application will be given every consideration. Applications are kept on active file for one year unless updated by the applicant.

Equal Opportunity Employer