# CHIPPEWA COUNTY SHERIFF'S OFFICE

Robert Savoie
*Sheriff*
Michael Bitnar
*Undersheriff*

325 Court Street
Sault Ste Marie, MI 49783
Ph.: (906) 635-6355
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## Employment Application Form

**APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS**

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

Telephone (__ ) _____ Social Security No. _____ – _____ – _____

If under 18, please list age _____
Position applied for (1) _____
and salary desired (2) _____
(Be specific)

Are you a certified officer in this position? _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired __ FULL-TIME ONLY __ PART-TIME ONLY __ FULL- OR PART-TIME
When available for work?_____

Are you acquainted with any member (or members) of the Chippewa County Sheriff's Office?_____
If so, whom? _____

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HAVE YOU EVER BEEN CONVICTED OF A CRIME? __ No __ Yes
HAVE YOU EVER BEEN ARRESTED? __ No __ Yes (Include drunk driving, traffic citations, court summons, and all other arrests, either as a juvenile or adult, including expunged felony arrests)

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

| YEAR | CHARGE | LOCATION | DISPOSITION |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

Are you a U.S. Citizen? _____

DO YOU HAVE A DRIVER'S LICENSE? __ Yes __ No
What is your means of transportation to work?_____
Driver's license number _____ State of issue _____
Expiration date _____

Have you ever been employed with another police agency? _____ (Yes/No)
If previously employed, have you ever been the focus of an internal investigation?_____(Yes/No)
If so, explain.

Are you now a member of the National Guard? __ Yes __ No
Specialty _____ Date Entered _____ Discharge Date _____

Have you ever served in the armed forces of the United States? _____

Did you receive an honorable discharge? _____

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| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION (Complete address) | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|---|---|---|---|---|
| High School | | | | |
| | | | | |
| College | | | | |
| | | | | |
| Bus. Or Trade School | | | | |
| | | | | |
| Professional School | | | | |
| | | | | |

Are you currently enrolled in any school or academic class? _____

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Please list four references other than relatives or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____
Address _____ Address _____

Telephone _____ Telephone _____

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____
Address _____ Address _____

Telephone _____ Telephone _____

| **Work Experience** | Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.** |
|---|---|

| Name of employer:<br>Address:<br>City:<br>State: Zip:<br>Phone Number: | Name of last Supervisor | Employment dates | Pay or salary |
|---|---|---|---|
| | | From<br>To | Start<br>Final |
| | Your last job title: | | |
| Reason for leaving (be specific): | | | |

| Name of employer:<br>Address:<br>City:<br>State: Zip:<br>Phone Number: | Name of last Supervisor | Employment dates | Pay or salary |
|---|---|---|---|
| | | From<br>To | Start<br>Final |
| | Your last job title: | | |
| Reason for leaving (be specific): | | | |

| Name of employer:<br>Address:<br>City:<br>State: Zip:<br>Phone Number: | Name of last Supervisor | Employment dates | Pay or salary |
|---|---|---|---|
| | | From<br>To | Start<br>Final |
| | Your last job title: | | |
| Reason for leaving (be specific): | | | |

May we contact your present employer? __ Yes __ No

Do you have any special training, experience or ability which you think would be of value to us?

_____

_____

Did you complete this application yourself __ Yes __ No
If not, who did?

# AUTHORIZATION TO RELEASE INFORMATION

I, _____ am an applicant for employment, with the Chippewa County Sheriff's Office of Chippewa County. This information is for my benefit. I hereby authorize, request, and direct educational institutions, my references, my employers (past and present), financial institutions of any kind, medical institutions and doctors, and any other person, institution or organization, and all other governmental agencies and instrumentality's (local, state, federal or foreign) wherever and said individuals or organizations are situated, to release to the Sheriff of Chippewa County or to any representative thereof, any document, information, record, or file that he deems materials to the processing of my application for employment. Said information can be furnished if the request, therefore, is made in person or in writing.

Further, I release all of said individuals and organizations from all liability to me that could arise in any manner, contract, or otherwise from the act of furnishing said information and record to the Sheriff or his representative, and this serves as a waiver of any contract that I have with any of the said organizations or individuals, and serves as a waiver of any and all legal communication privileges that I could claim.

Further, I appoint the Sheriff or his authorized representative as my agent for the sole purpose of collecting information for processing my application, and direct that he be permitted to inspect all of said files and information, and be permitted to make copies thereof at his discretion. This request can be treated as if I were making the request in person.

SIGNATURE OF APPLICANT: _____ DATE: _____

I, _____, being first duly sworn, depose and say as follows: I am the person who executed the above authorization. I understand its meaning, intention, and effect and that the statements therein made are true and correct.

Signature: _____

Subscribed and sworn to before me this _____ Day of _____, 20_____.

Notary Public Signature _____

County of _____

My Commission Expires _____