

Applicant Name _____

Saginaw Police Reserve Unit

612 Federal Ave. Saginaw, MI 48607
989-759-1284

Police Reserve Application

Vision: *We will strive for the continuous development of Saginaw as a model city - where people want to live, to conduct business and to visit. As a professional organization, we will use our talents to create and sustain a safe environment for all.*

Values: *We are committed to upholding the public trust by serving the community with integrity, honesty, accountability and respect.*

Mission: *The Saginaw Police Department will work in partnership with the community to reduce the fear and incidence of crime, to enhance the quality of life, and to render the highest standards of professional law enforcement.*

Application obtained from: Police Desk Internet Other: _____

Referred to us by: _____ Application Date: _____

INSTRUCTIONS: Complete this form in black ink only. Answer all questions to the best of your ability. Use a separate sheet of paper for additional information or explanation. All statements are subject to investigation and verification. Applications that are not fully completed will not be processed. Please staple all pages together.

General Information:

Last, First, Initial

Number, Street/Highway, City, State, Zip Code

Home Phone Cell Phone Pager/ Other Number

Email: _____

Have you applied with the Saginaw Police Reserve Unit before? YES NO

When: _____

Have you ever been employed by the City of Saginaw? YES NO
If yes, give dates, job title, and supervisor in the "Further Explanation" Section.

Do you have relatives employed by the City of Saginaw? YES NO
If yes, give their name, job title, and relationship in the "Further Explanation" Section

Are you a citizen of the USA? YES NO

Applicant Name _____

Have you ever served in the US Armed Forces? YES NO
Branch: _____

What type of discharge received? HONORABLE OTHER
Explain: _____

Have you ever been convicted of a misdemeanor? YES NO
If Yes, list place, date, and details in "Further Explanation" Section

Have you ever been convicted of a felony? YES NO
If Yes, list place, date, and details in "Further Explanation" Section

Have you ever been terminated or forced to resign from a position? YES NO
If Yes, list place, date, and details in "Further Explanation" Section

Education

All applicants MUST possess a High School Diploma or G.E.D. Please check the following that you have received:

Diploma – Name of High School: _____

GED – Name of Institution: _____

College Degree – Type of Degree: _____

List the names of the business schools, colleges or universities you listed above. Please list your major and the highest degrees or certifications earned.

Personal Information

List all organizations, clubs, associations, and memberships which you are currently a member or associated with:

Summarize any special skills, qualifications, and abilities which would further qualify you to be a part of our organization. (You may exclude any which indicate race, color, religion, gender, national origin, disabilities, or other protected status.)

Applicant Name _____

Applicant Address _____

References

Our application process requires no less than four references not related to you by blood or marriage. These are to be character references, personal or professional, who have known you for at least two years.

1. Name: _____ Years Known: _____

Address, City, State, Zip Code

Home Phone Work Phone

Business Name & Occupation Personal Professional

2. Name: _____ Years Known: _____

Address, City, State, Zip Code

Home Phone Work Phone

Business Name & Occupation Personal Professional

3. Name: _____ Years Known: _____

Address, City, State, Zip Code

Home Phone Work Phone

Business Name & Occupation Personal Professional

4. Name: _____ Years Known: _____

Address, City, State, Zip Code

Home Phone Work Phone

Business Name & Occupation Personal Professional

Applicant Name _____

Employment History (Most Current First)

1. From: _____ to _____

Business Name: _____ May we contact this Employer?

Your Occupation: _____ YES NO

Address, City, State, Zip Code

Supervisor Name Position Held Phone

Reason for leaving _____

2. From: _____ to _____

Business Name: _____ May we contact this Employer?

Your Occupation: _____ YES NO

Address, City, State, Zip Code

Supervisor Name Position Held Phone

Reason for leaving _____

3. From: _____ to _____

Business Name: _____ May we contact this Employer?

Your Occupation: _____ YES NO

Address, City, State, Zip Code

Supervisor Name Position Held Phone

Reason for leaving _____

Applicant Name _____

4. From: _____ to _____

Business Name: _____ May we contact this Employer?

Your Occupation: _____ YES NO

Address, City, State, Zip Code

Supervisor Name

Position Held

Phone

Reason for leaving _____

5. From: _____ to _____

Business Name: _____ May we contact this Employer?

Your Occupation: _____ YES NO

Address, City, State, Zip Code

Supervisor Name

Position Held

Phone

Reason for leaving _____

Further Explanation Section

Signature & Authorization For Release of Information

In order to obtain your uniform equipment, a refundable deposit of \$75.00 is required upon the completion date of my training. By initialing here I am simply acknowledging that I am aware of this deposit. (Initials: _____)

I hereby authorize the City of Saginaw to obtain from my current or former employer all data needed to support this application. I certify the information given by myself is true and complete to the best of my knowledge and belief. I understand that any falsification of material facts will be grounds to reject this application.

Applicant Signature: _____

Date _____

Applicant Name _____

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Police Reserve – Release of Record Form

TO: Police Department of the City of Saginaw, Michigan

In connection with my application for a position with the City of Saginaw, I request that my criminal history record, if any, be investigated and that you deliver to the Saginaw Police Department, Uniform Operations Section, a letter stating my arrests, if any, which have resulted in a conviction and any information relative to any felony charge prior to conviction or dismissal as may be obtained from your departmental records or from any other source.

I hereby waive any and all rights, claims, causes or action, or damages which I may have against the City of Saginaw, your department, or any of your officers, employees, or agents by reason of the furnishing of such record or information.

Last, First, Initial (please print)

Address

Driver's License Number: _____

License State of Issue: _____ Date of Birth: _____

Signature

Applicant Signature: _____ Date _____

Witness Signature: _____ Date _____

Witness Print Name: _____

This authorization for release of criminal history record of the applicant listed on this form is at the request of the Personnel Administrator.

Personnel Administrator: _____ Date _____