



# MORRICE POLICE DEPARTMENT

401 Main Street, P. O. Box 247  
Morrice, Michigan 48857  
Phone: (517) 625-3430 Fax: (517) 625-8294  
Email: [police@morrice.mi.us](mailto:police@morrice.mi.us)



## PERSONAL INFORMATION

DATE: \_\_\_/\_\_\_/\_\_\_

NAME: \_\_\_\_\_  
(LAST) (FIRST) (M)

CURRENT ADDRESS: \_\_\_\_\_  
(NO) (STREET) (CITY)  
\_\_\_\_\_  
(STATE) (ZIP) YEARS \_\_\_\_\_

LIST ALL ADDRESSES FOR THE PREVIOUS SEVEN YEARS (USE ADDITIONAL PAPER IF NEEDED)

PREVIOUS ADDRESS: \_\_\_\_\_  
(NO) (STREET) (CITY)  
\_\_\_\_\_  
(STATE) (ZIP) YEARS \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_  
(NO) (STREET) (CITY)  
\_\_\_\_\_  
(STATE) (ZIP) YEARS \_\_\_\_\_

HOME PHONE #: (\_\_\_\_)\_\_\_\_-\_\_\_\_ WORK#: (\_\_\_\_)\_\_\_\_-\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

SSN # \_\_\_\_-\_\_\_\_-\_\_\_\_ DL # \_\_\_\_\_ STATE: \_\_\_\_ EXPIRES: \_\_\_/\_\_\_/\_\_\_

HAVE YOU BEEN CONVICTED OF ANY CRIMES? YES \_\_\_ NO \_\_\_ IF SO EXPLAIN: \_\_\_\_\_

\_\_\_\_\_  
(PLEASE NOTE ATTACHED CRIMINAL HISTORY CHECK AUTHORIZATION)

ARE THERE ANY FELONY CHARGES PENDING AGAINST YOU? YES \_\_\_ NO \_\_\_

DESCRIBE ANY PHYSICAL OR MENTAL LIMITATIONS YOU HAVE WHICH PREVENT YOU FROM PERFORMING NECESSARY POLICE DUTIES: \_\_\_\_\_  
\_\_\_\_\_

POSITION YOU ARE SEEKING FULL \_\_\_ PART \_\_\_ AUXILIARY \_\_\_

ON WHAT DATE WILL YOU BE AVAILABLE TO START WORK? \_\_\_/\_\_\_/\_\_\_

WERE YOU PREVIOUSLY EMPLOYED BY US? YES \_\_\_ NO \_\_\_ IF YES, WHEN? \_\_\_/\_\_\_/\_\_\_

THIS JOB REQUIRES OVER TIME OCCASIONALLY, WOULD YOU BE ABLE AND WILLING TO WORK OVERTIME AS NEEDED? YES \_\_\_ NO \_\_\_

WHAT IS YOUR SCHEDULE AVAILABILITY? \_\_\_\_\_

WHY DO YOU WANT TO BE A POLICE OFFICER? \_\_\_\_\_

**EDUCATION:**

HIGH SCHOOL: \_\_\_\_\_  
(NAME OF INSTITUTION) (LOCATION)

DATES ATTENDED \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ GRADUATED? YES \_\_\_ NO \_\_\_

COLLEGE: \_\_\_\_\_  
(NAME OF INSTITUTION) (LOCATION)

DATES ATTENDED \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ MAJOR/MINOR \_\_\_\_\_

GRADUATED? YES \_\_\_ NO \_\_\_ DEGREE: \_\_\_\_\_

OTHER: \_\_\_\_\_  
(NAME OF INSTITUTION) (LOCATION)

DATES ATTENDED \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ MAJOR/MINOR \_\_\_\_\_

GRADUATED? YES \_\_\_ NO \_\_\_ DEGREE: \_\_\_\_\_

POLICE ACADEMY: \_\_\_\_\_  
(NAME OF INSTITUTION) (LOCATION)

DATES ATTENDED \_\_\_/\_\_\_/\_\_\_ GRADUATED? YES \_\_\_ NO \_\_\_

ARE YOU A MI LICENSED POLICE OFFICER? YES \_\_\_ NO \_\_\_ MCOLES #: \_\_\_\_\_

LIST ANY ADDITIONAL EDUCATION, SKILLS, EXPERIENCES, OR OTHER FACTORS YOU FEEL WILL BE APPLICABLE TO A POLICE/AUXILIARY OFFICER POSITION: \_\_\_\_\_

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

ON THE FOLOWING PAGES PLEASE LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH THE MOST RECENT: (MAKE COPIES IF ADDITIONAL SPACE IS NEEDED)

EMPLOYER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF HIRE: \_\_\_/\_\_\_/\_\_\_\_\_ DATE LEFT: \_\_\_/\_\_\_/\_\_\_\_\_

STARTING PAY: \$ \_\_\_:\_\_\_ PER \_\_\_\_\_ ENDING PAY: \$ \_\_\_:\_\_\_ PER \_\_\_\_\_

SUPERVISORS NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

DESCRIBE, IN DETAIL, THE WORK YOU DID: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF HIRE: \_\_\_/\_\_\_/\_\_\_\_\_ DATE LEFT: \_\_\_/\_\_\_/\_\_\_\_\_

STARTING PAY: \$ \_\_\_:\_\_\_ PER \_\_\_\_\_ ENDING PAY: \$ \_\_\_:\_\_\_ PER \_\_\_\_\_

SUPERVISORS NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

DESCRIBE, IN DETAIL, THE WORK YOU DID: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF HIRE: \_\_\_/\_\_\_/\_\_\_\_\_ DATE LEFT: \_\_\_/\_\_\_/\_\_\_\_\_

STARTING PAY: \$ \_\_\_:\_\_\_ PER \_\_\_\_\_ ENDING PAY: \$ \_\_\_:\_\_\_ PER \_\_\_\_\_

SUPERVISORS NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

DESCRIBE, IN DETAIL, THE WORK YOU DID: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? \_\_\_\_\_ IF NOT, INDICATE WHICH ONE(S) YOU DO NOT WISH US TO CONTACT: \_\_\_\_\_

**REFERENCES:**

GIVE FIVE PERSONAL REFERENCES WHO HAVE KNOWN YOU WELL DURING AT LEAST THE PAST 5 YEARS. (NOT RELATIVES OR FORMER EMPLOYER'S)

NAME: \_\_\_\_\_ PROFESSION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ NUMBER OF YEARS ACQUAINTED: \_\_\_\_\_

NAME: \_\_\_\_\_ PROFESSION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ NUMBER OF YEARS ACQUAINTED: \_\_\_\_\_

NAME: \_\_\_\_\_ PROFESSION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ NUMBER OF YEARS ACQUAINTED: \_\_\_\_\_

NAME: \_\_\_\_\_ PROFESSION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ NUMBER OF YEARS ACQUAINTED: \_\_\_\_\_

NAME: \_\_\_\_\_ PROFESSION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ NUMBER OF YEARS ACQUAINTED: \_\_\_\_\_

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER



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## AUTHORIZATION TO RELEASE INFORMATION

NAME: \_\_\_\_\_  
Last First M.

OTHER NAMES: \_\_\_\_\_  
(aka's, prior marriages, maiden names)

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_-\_\_\_\_-\_\_\_\_\_

DL #: \_\_\_\_\_ STATE: \_\_\_\_ EXPIRES: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

### ***TO WHOM IT MAY CONCERN:***

I respectfully request and authorize you to permit the Morrice Police Department to review my credit record, juvenile or adult probation records, medical records and employment records; including but not limited to personnel files, background files, internal investigations files and training files. They are also authorized to copy any material contained therein.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the requested information.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature. The original of this form is maintained at the Morrice Police Department and will be made available upon request.

The information is to be used to assist the Morrice Police Department is determining my fitness and qualifications for a position of trust and responsibility.

This release will expire one (1) year after the date signed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_