

SAGINAW PD



Application Supplement

**Saginaw Police Department
Supplemental Work and Personal History Form**

INSTRUCTIONS: Answers all questions. Omitted questions will be grounds for disqualifications of you application. Falsification of information is grounds for disqualification of your application or immediate termination of employment. All certification statements to the general City of Saginaw application apply to information given here.

APPLICANT IDENTIFICATION

Last Name _____ First _____ Middle _____

Are You a United States Citizen? ____ Yes ____ No

Date of Birth _____ Place of Birth _____ Social Security Number _____

DRIVING HISTORY

Driver's License _____
Number State of Issue Classification Expiration Date

Have you **ever** had your license suspended or revoked? ____ Yes ____ No

How many traffic citations have you received in the past three years? _____

WORK HISTORY

Have you had **any** prior law enforcement related experience? ____ Yes ____ No

If so, give location, type of experience, number of years, duty, training, rank, awards, and citations. Describe positions you have held that required supervisory ability, the exercise of authority and leadership:

Have you **ever** been fired, discharged, dismissed or asked to resign from any employment? ____ Yes ____ No

If yes, give the employer(s) name(s), date(s), and reason(s):

Have you **ever** received **any** disciplinary action (written or oral reprimands, suspensions, employee counseling, etc.) for **any** reason connected with your employment? ____ Yes ____ No

If yes, give the employer(s) name(s), date(s), reason and final disposition:

Have you **ever** been denied employment (any position) with this or any other law enforcement agency? ____ Yes ____ No

If "yes," give the name of the agency, date and reason for rejection:

LEGAL HISTORY

- Have you **ever** been convicted of any misdemeanor or felony (excluding minor traffic offenses)? Yes No
- Have you **ever** been placed on deferred adjudication for any offense? Yes No
- Have you **ever** been placed on probation? Yes No
- Have you **ever** been arrested by any law enforcement agency (including traffic offenses)? Yes No
- Have you **ever** been detained (other than a traffic ticket) by any law enforcement agency? Yes No
- Have you **ever** been summoned into court for a criminal offense? Yes No
- Have you **ever** had the police called, to respond to your residence or another location where you were involved in any type of police related matter? (Exclude incidents related to your actions in the performance of your duties as a police officer.) Yes No

If the answer to any of the above questions is “yes”, please explain each and every incident (list juvenile and adult incidents):

PERSONAL DECLARATIONS

- Have you **ever** used illegal drugs (to include marijuana) or a drug not prescribed to you by a physician? Yes No
- Have you **ever** furnished drugs or narcotics (to include marijuana) to anyone? Yes No
- Have you **ever** sold drugs or narcotics (to include marijuana) to anyone? Yes No
- Have you **ever** tested positive for a controlled substance during a drug screening? Yes No
- Have you **ever** refused a required test for drugs or alcohol screening? Yes No

If the answer to any of the above questions is “yes”, explain in detail, include dates, number of times and types of drugs:

APPLICANT’S CERTIFICATION

I understand that all information submitted and considered is subject to verification. I understand and hereby authorize and give permission for the City of Saginaw to conduct verification and/or investigations of my credit history, criminal history, driving record, character, employment history, reputation, and any job-related investigation as are necessary to determine my qualifications for employment.

I understand that if I am offered employment with the City of Saginaw, I will be required to take a post-offer physical exam which will include drug testing. Any offer of employment that I may receive will be conditioned upon the results of the post-offer exam. In addition, positive results on the post-offer drug test will disqualify me from employment.

I certify that all statements and answers to all questions in this application are true, complete and correct and are made in good faith. I understand that falsification of any answers I have given will have serious consequences, including disqualification for employment and/or termination of employment.

DATE _____ SIGNATURE _____