CITY OF HOUGHTON

Employment Application Police Department



APPLICANT II	VFORMATION	L													
Last Name				First	First					Middle					
Street Address										Apartm	nent/Uni	it#			
City				State	State					ZIP					
Phone				E-ma	E-mail Address										
Date Available									Date	e of Birt	h:				1
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Are you a citizen	of the United Sta	tes?	YES 🗌	NO 🗆	If n	o, are	you au	ıthorize	d to w	ork in ti	ne U.S.?	YES		NO	
Have you ever w	orked for this cor	npany?	YES 🗌	№ □	If so	o, whe	n?								
Have you ever be	en convicted of	a felony?	YES [NO 🗆	If y	es, exp	olain								
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Are You:	Male 🗌	Fem	nale 🗌												
Maiden Name if Applicable			graphy a gramming y h Ty allocation beat had believe to be	Any Alias	HALLING HOPE HOSEINAN		processing of the constraint o	electric control of the control of t	VOLCOTOTOTO YE I	en egi, a mort en a bette rimente konst a stitunite. En a rimet	and the second of the second of the			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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Rank at Discharge					Type of Discharge				
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DRIVER'S LICENSE		
Do you presently have a Michigan Driver's License?	If so, please attach a copy of the license to this application as well as your driving record from the Secretary of State	If you do not have a valid Michigan Driver's License, please provide a copy of your license and driving record from another state.
DISCLAIMER/AUTHORITY	TO RELEASE INFORMATION/SIGNATURE	
I certify that my answers are true	and complete to the best of my knowledge.	
If this application leads to employ may result in my release.	ment, I understand that false or misleading informati	on in my application or interview
The City of Houghton adheres to U	USDOT policy, Section 40.25	
sensitive work. Employers would	to check on the drug and alcohol testing background have to get written consent from the applicant (in the request for information and the employee's consent ears.	e absence of which the employer would not hire the
and documented a good faith effo employee applied for safety-sensit	loyee perform safety-sensitive duties for more than 3 ort to obtain, the required information from previous of tive work, where there was a positive test result or a the employee has not successfully completed the return safety-sensitive functions.	employers (as well as from firms to whom the refusal). If the employer finds that the employee
	ation concerning my capacity and/or all aspects of pr	
Signature		Date



CITY OF HOUGHTON

POLICE DEPARTMENT

616 Shelden Avenue, P.O. Box 606 Houghton, Michigan 49931 Phone: (906) 482-2121

Fax: 906-482-0353 email:policedepartment@cityofhoughton.com

Authorization for Release of Records

In order to determine my suitab Houghton Police Department is			
I,educational institutions, government employers, and individuals to authorized agent, all information release them from civil or criminals.	mental agencies, ban furnish to the Chie on regarding me, who	f of Police, City of Houge ether or not it is in their re	rmer and present thton, MI or the
I understand that all information the strictest of confidence.	n gathered during the	course of this investigation	n is to be held in
I hereby certify that there are no answers to the questions. misrepresentation or falsification	I am aware that	should an investigation	ny statements and n disclose such
Signature	Date	Witness	