

# 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? \_\_\_\_\_

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 \_\_\_\_\_

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

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

Name of employer: Address: City: State:            Zip: Phone Number:	Name of last Supervisor	Employment dates	Pay or salary
		From To	Start 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 \_\_\_\_\_