

**CHARTER TOWNSHIP OF FLINT  
APPLICATION FOR EMPLOYMENT  
(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)**

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**PERSONAL INFORMATION**

**DATE** \_\_\_\_\_

**Name**

**Last**

**First**

**Middle**

**Present address**

**Street**

**City**

**Zip**

**Phone Number**

**Are you 18 years or older? Yes No**

**Are you prevented from lawfully becoming employed  
in this country because of visa or immigration status? Yes \_\_\_ No \_\_\_**

**Social Security Number**

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**EMPLOYMENT DESIRED**

**Position**

**Date you can start**

**Salary Desired**

**Are you employed now?**

**May we contact your present employer?**

**Have you ever applied to this company before?**

**When?**

**Referred by**

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**EDUCATION**

**Name and Location of School**

**Years Attended**

**Graduate?**

**Grammar  
School**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**High School**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**College**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Trade or  
Business**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**GENERAL**

**Subjects of Special Study or Research** \_\_\_\_\_

\_\_\_\_\_

**Special Skills** \_\_\_\_\_

**US Military Service** \_\_\_\_\_ **Rank** \_\_\_\_\_

**Present Membership in National Guard or Reserves** \_\_\_\_\_

**FORMER EMPLOYERS** (List below starting with last one first. Attach additional lists if necessary)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

Which of these jobs did you like the best? \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

**REFERENCES**

Give the Names of three persons not related to you whom you have known for at least one year

Name	Address	Phone Number	Title	Years Acquainted
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

In case of Emergency Notify \_\_\_\_\_  
 Name Address Phone No.

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE TOWNSHIP'S RULES AND REGULATIONS AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME AT EITHER MY OR THE TOWNSHIP'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME BY THE TOWNSHIP. I UNDERSTAND THAT NO TOWNSHIP REPRESENTATIVE OTHER THAN IT'S CHIEF OFFICIAL AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE CHIEF OFFICIAL HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING:

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**CHARTER TOWNSHIP OF FLINT**  
**Authorization to Release Information**

**Note: Submitting an incomplete or illegible form will result in the application being rejected.**

I hereby request and authorize you to furnish the Charter Township of Flint Police Department with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if request. The information will be used for the purpose of determining my eligibility for employment with the Flint Township Police Department.

I hereby release you and your organization from any liability, which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as an employee of the Flint Township Police Department.

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This area to be completed by applicant:

Applicant's Name: (Print) \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number and Name City State Zip How Long

Social Security No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_      Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Other Names You Have Used: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_