



GERRISH TOWNSHIP POLICE DEPARTMENT EMPLOYMENT APPLICATION

GENERAL INFORMATION

MINIMUM REQUIREMENTS FOR POLICE OFFICERS:

- U.S. Citizen
- 20 Years of Age
- High School graduate with Associate Degree in Law Enforcement or other related Public Safety field to include prior military service (submit proof with application including copy of transcript)
- No arrest record (includes expunged convictions)
- Good moral character
- Possess valid Michigan Operators or Chauffeurs License with good driving record
- Must be a non-tobacco user
- Must be free from physical, chronic and organic diseases
- Possess normal hearing as defined in MCOLES standards
- Possess 20/20 corrected vision in each eye (includes peripheral vision, depth perception and night vision)
- Must be MCOLES certified or certifiable at the time of filing the application
- Must be free from mental/emotional disorders
- Must have good oral and communication skills
- Must have computer and typing skills

PRIOR TO ANY APPOINTMENT TO THE POSITION OF FULL TIME POLICE OFFICER, THE APPLICANT SHALL HAVE SUCCESSFULLY TAKEN AND PASSED THE FOLLOWING:

- Psychological exam (to be determined by employer)
- Physical examination
- Mandatory drug testing
- Background investigation
- Peer interview
- Oral board interview

FAILURE TO MEET THE MINIMUM QUALIFICATIONS AND TO SUCCESSFULLY PASS ALL REQUIRED TESTING SHALL ELIMINATE THE APPLICANT FROM ANY FURTHER CONSIDERATION.

APPLICANT INSTRUCTIONS:

(Please read carefully before completing this application)

Print or type clearly. Read each question carefully and answer each question accurately. If a specific section does not apply to you, please mark N/A. Applications that are not completed or legible may not be considered. If the space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions. All information will be kept strictly confidential.

Application must be completed by the person who is applying for the position.

Please be sure to sign and date the application in the appropriate section.

DO NOT misstate or omit any material facts. Any application containing misstatements, omissions or false information will be rejected from any further consideration.

THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION:

- Copy of MCOLES Certification
- Copy of College Transcript
- Copy of Birth Certificate
- Copy of Signed and Notarized “Release of Information Authorization” form
(Be sure to sign this form in the presence of a Notary Public)

HAVE YOU EVER HAD YOUR LICENSE SUSPENDED OR REVOKED OR DENIED ISSUANCE OF A LICENSE?

IF YES, PLEASE EXPLAIN:

YES NO

HAVE YOU EVER HAD AUTO INSURANCE WITHDRAWN OR REVOKED OR BEEN REFUSED AUTOMOBILE INSURANCE?

IF YES, GIVE DETAILS INCLUDING REASONS, NAMES OF COMPANIES, DATES, ETC:

YES NO

DID YOU EVER APPLY TO OR WORK FOR GERRISH TOWNSHIP BEFORE?

IF YES, PROVIDE DATES, POSITION AND NAME EMPLOYED UNDER:

YES NO

LIST ANYONE YOU KNOW EMPLOYED BY GERRISH TOWNSHIP:

HAVE YOU EVER APPLIED FOR A POSITION WITH ANY GOVERNMENT AGENCY: YES NO

IF YES, GIVE DETAILS:

II. EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				
Additional Schooling				

PLEASE PROVIDE ANY ADDITIONAL INFORMATION, SUCH AS SPECIAL SKILLS, TRAINING, MANAGEMENT EXPERIENCE, EQUIPMENT OPERATION, CERTIFICATIONS OR QUALIFICATIONS THAT YOU FEEL ARE RELEVANT (IE: COMPUTERS, TYPING, ETC.):

III. WORK HISTORY

LIST ALL PREVIOUS EMPLOYMENT, STARTING WITH YOUR MOST RECENT POSITION AND WORKING BACKWARD TO YOU LEAST RECENT POSITION. IDENTIFY PART TIME JOBS WITH 'PT' AND TEMPORARY JOBS WITH "TEMP". A RESUME MAY BE ATTACHED TO THE APPLICATION PACKET, HOWEVER, THIS SECTION MUST BE COMPLETED FOR YOUR APPLICATION TO BE VALID.

(1)

Name of employer:	Name of last supervisor:	Employment dates: From: To:	Pay or salary
Address: Phone number:	Eligible for Rehire:	Job Title:	

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

(2)

Name of employer:	Name of last supervisor:	Employment dates: From: To:	Pay or salary
Address: Phone number:	Eligible for Rehire:	Job Title:	

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

(3)

Name of employer:

Name of last supervisor:

Employment dates:

Pay or salary

From:

To:

Address:

Eligible for Rehire:

Job Title:

Phone number:

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

(4)

Name of employer:

Name of last supervisor:

Employment dates:

Pay or salary

From:

To:

Address:

Eligible for Rehire:

Job Title:

Phone number:

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

HAVE YOU SERVED IN THE UNITED STATES ARMED FORCES? **YES NO**

Specialty/Training: _____

Branch: _____ **Rank:** _____ **Date Entered:** _____

Date Discharged: _____ **Type of Discharge (Honorable?):** _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? **YES NO**

IF NOW EMPLOYED, WHY DO YOU DESIRE CHANGE?

HAVE YOU EVER BEEN DISCHARGED OR HAVE YOU RESIGNED FROM A POSITION AFTER BEING INFORMED THAT YOUR EMPLOYER INTENDED TO DISCHARGE YOU?

YES NO

IF YES, WHY?:

IV. REFERENCES

LIST NAMES AND CONTACT INFORMATION OF THREE PERSONS NOT RELATED TO YOU, WHO KNOW YOU THROUGH SCHOOL, BUSINESS OR PERSONAL ASSOCIATION. DO NOT USE FORMER EMPLOYERS.

NAME	BUSINESS OR PROFESSION	ADDRESS	PHONE NUMBER	EMAIL ADDRESS

V. RESIDENCES

LIST ALL RESIDENCES FOR THE PAST FIVE YEARS, BEGINNING WITH YOUR PRESENT ADDRESS.

MONTH & YEAR From _____ To _____	NUMBER AND STREET	CITY	STATE

APPLICANT CERTIFICATION:

(PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING TO INDICATE YOUR UNDERSTANDING)

I understand that prior to being offered employment, I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Gerrish Township Police Department prior to the administration of the test so that a reasonable accommodation can be made. The Police Department reserves the right to require medical documentation regarding the need for accommodation.

I understand that if I am hired and suffer from a protected disability that affects my ability to do the job, I may ask the Gerrish Township Police Department to make a reasonable accommodation for it. I must make my request in writing to the Chief within 182 days after I knew or reasonably should have known that an accommodation was needed.

I understand that the Gerrish Township Police Department is required, by Michigan law, to assure that its law enforcement officers meet certain minimum employment standards such as published by the Michigan Commission on Law Enforcement Standards (MCOLES).

I authorize investigation of all statements contained in the application for any employment-related purpose. I realize the listed references and all employers, except those specifically excepted, to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you.

I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers and that the entries made by me are true, complete and correct to the best of my knowledge and belief and are made in good faith.

I further agree and consent, in advance, to being summarily discharged without cause of hearing if any of the above information contains any misrepresentation or falsification or if any material information has been omitted. In the event that I am employed by this Department, I agree to comply with its dress code, with all its orders, rules and regulations. I hereby authorize my former employers to give any information regarding my employment with them, and in addition, to furnish any other information they may have concerning me.

Applicant Signature: _____ Date: _____

Printed Name: _____

Township of Gerrish
3075 E. HIGGINS LAKE DR.
ROSCOMMON, MI 48653

RELEASE OF INFORMATION AUTHORIZATION

Re: _____ Date: _____
(Name of Applicant)

I am an applicant for a position with Gerrish Township. The Township needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to Gerrish Township.

You are hereby authorized to furnish and release to Gerrish Township or any representative thereof any and all information concerning me which may be requested including but not limited to employment records, criminal records, driving records and any other information that may be requested concerning my application for employment.

I consent to the release of any and all of the above stated information that you may have concerning me, my work records, my background and reputation and any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or any person in any case, either criminal or civil, in which I presently have, or have had an interest, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me are true, complete and correct to the best of my knowledge and belief and are made in good faith.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information to Gerrish Township, including liability or damage pursuant to any state or federal laws. I hereby direct you to release the above referenced information to Gerrish Township or its representative regardless of any agreement I may have made with you previously to the contrary.

This authorization is valid for a period of ninety (90) days from the date of my signature, however, the release provisions survive said ninety (90) day period. A Photostat or Fax copy of this Release form will be valid as an original thereof, even though the said Photostat or Fax copy does not contain an original writing or signature.

(Applicant's Signature)

Subscribed and sworn to before me, a Notary Public in and for the County of _____,

State of Michigan, this _____ day of _____, 20 ____.

Notary Public

_____ County, Michigan

My Commission Expires: _____

WAIVER & AUTHORIZATION FOR RELEASE OF INFORMATION INSTRUCTION SHEET

The attached WAIVER & AUTHORIZATION FOR RELEASE OF INFORMATION is required for any of the following:

1. Application for employment with a law enforcement agency
2. Application for enrollment into a law enforcement academy
3. Application to the law enforcement licensing process

INSTRUCTIONS

Section A:

To be completed by the applicant of a hiring law enforcement agency, law enforcement academy or RPTE program.

Section B:

The **hiring law enforcement agency or the enrolling academy** must place **their own** agency's name in the blank space provided.

- Section B must be signed and dated by the applicant.
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Section C:

The **hiring law enforcement agency requesting information** must enter **their agency's name** in the blank space provided.

- Section C must be signed and dated by an applicant who is currently or has previously been licensed.
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WAIVER & AUTHORIZATION FOR RELEASE OF INFORMATION

Sections A & B to be completed by all applicants (non-licensed, currently licensed, or previously licensed law enforcement officers)

Section A - Type or print only:

Last Name:	First Name:	Middle Name:	Suffix (Jr, Sr, III):	
Social Security No.*:	Date of Birth:	Phone No.:	Gender [‡] :	Race [‡] :
Residence Address (Street, City, State, Zip):			Highest Degree:	
Drivers License No.:	Issuing State:	E-Mail:		

Section B – Authorization for release of information:

I hereby authorize any individual, agency or organization to furnish to the Michigan Commission on Law Enforcement Standards, the _____¹, their representatives and/or agents (including, but not limited to, academies or contractors) any and all information pertaining to my background and ability to comply with the standards for selection, employment, training and licensing as a law enforcement officer. Such information includes, but is not necessarily limited to: employment, criminal, academic, military, and personal histories; academic, attendance, and driving records; and medical records (includes medical/psychological, including diagnosis and prognosis, if any).

I hereby authorize any individual, agency or organization to release such information upon request. This authorization is executed with the full knowledge and understanding that the information is for official use by the Michigan Commission on Law Enforcement Standards and the _____¹.

Further, I hereby authorize the Michigan Commission on Law Enforcement Standards to release any and all records collected pursuant to this authorization to any individual, agency or organization for the legitimate purposes of fulfilling the Commission's statutory and administrative objectives.

I hereby release any individual, agency or organization, including its officers, employees and related personnel, both individually and collectively, from any and all damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it.

This Authorization shall continue in effect until revoked by me in writing. A photostatic copy of this Authorization shall have the same force as the original.

Applicant Signature:	Today's Date:
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*****Section C to be completed by current or previously licensed law enforcement officers only*****

Section C – Former Michigan employing law enforcement agency authorization:

I hereby authorize any and all of my former employing Michigan law enforcement agencies to provide the _____¹, with a copy of the record regarding the reason or reasons for, and circumstances surrounding, my separation of service created by any former employing law enforcement agency or agencies. ***(Under 2017 PA 128, MCL§28.561, et seq. a hiring law enforcement agency shall not hire a law enforcement officer unless the hiring law enforcement agency receives the record regarding the reason or reasons for, and circumstances surrounding, a separation of service from each prior employing law enforcement agency.)***

Applicant signature:	Today's Date:
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AUTHORITY: 1965 PA 203; 2017 PA 128 COMPLIANCE: Voluntary PENALTY: No License Activation/ Employment/ Academy Enrollment

* This information is confidential. Confidential information is protected by the Federal Privacy Act.

‡ This information is for the purposes of EEO reporting only.

¹ Type or print the name of the hiring law enforcement agency or the enrolling academy.



GERRISH TOWNSHIP POLICE DEPARTMENT

TOBACCO USE STATEMENT

ARE YOU CURRENTLY OR HAVE YOU EVER USED TOBACCO PRODUCTS?

YES or NO

IF YES, COMPLETE THE FOLLOWING:

What type of tobacco products were used: _____

When did you use the above listed tobacco products: _____

**I, _____, understand this is a tobacco free workplace
and that I am a non-tobacco product user.**

Date: _____

GERRISH TOWNSHIP POLICE DEPARTMENT

Benefits for Full Time Employees

- 1) Annual leave accrues at the rate of 4.62 hours per pay period. Annual leave time shall be allowed to accumulate to 320 hours. Annual leave may be used for illness or disability of employee, serious illness of the immediate family, doctor and/or dentist appointments, death in the immediate family, funeral of close friends or relatives, maternity and/or birth of a child.
- 2) Paid holidays for Police Officers:

New Year's Day	Labor Day
Easter	Thanksgiving Day
Memorial Day	Christmas Eve Day
Independence Day	Christmas Day

Regular wage plus double time will be paid in the event that an officer works on a holiday.

- 3) Vacation time earned based on anniversary date for Police Officers:

After 1 year	-	64 hours (8 days)
After 2 years	-	104 hours (13 days)
After 5 years	-	144 hours (18 days)
After 10 years	-	184 hours (23 days)
- 4) Retirement benefits of 5% of the gross base wage will be contributed by employee and will be matched by 5% contribution by the employer. If employee contributes 7%, employer will contribute 10%.
- 5) Full paid health insurance coverage to include dental and vision.
- 6) Short term and long-term disability as well as accidental death and dismemberment coverage.
- 7) Life insurance policy on the employee equal to one year's wage.
- 8) After five complete years of service employee will receive an annual longevity pay (see back for Longevity Schedule).

Employees are eligible for benefits after the 30-day temporary employment period.

Police officers shall receive uniforms and equipment and dry cleaning will be provided.

Current beginning salary for full-time Police Officer is \$19.20 per hour (full-time is 2080 hours annually). Effective April 1, 2022 starting hourly wage will go to \$21.33 per hour with the following step increases:

04/01/2022	START	1 YEAR	2 YEAR	3 YEAR
Hourly	\$21.33	\$23.41	\$24.72	\$26.30
OT	\$32.00	\$35.12	\$37.08	\$39.45

Note: All non-represented, full-time employees are eligible to receive one separate longevity check each December per the itemized schedule. (Effective April 1, 2008):

SCHEDULE:

5 Years	\$200.00
6 Years	\$220.00
7 Years	\$240.00
8 Years	\$260.00
9 Years	\$280.00
10 Years	\$300.00
11 Years	\$320.00
12 Years	\$340.00
13 Years	\$360.00
14 Years	\$380.00
15 Years	\$400.00
16 Years	\$420.00
17 Years	\$440.00
18 Years	\$460.00
19 Years	\$480.00
20 Years (or more)	\$500.00

GERRISH TOWNSHIP

Employee Health and Insurance Benefit Summary

Gerrish Township full time employees become eligible for benefits on their 31st day of employment. At this time, the Township pays 100% of the full benefit premiums. Cash in-lieu not available to employees hired after April 1, 2010.

Changes to benefits can be made annually during the September open enrollment period. Changes are also eligible in case of a life event. This includes divorce, marriage, birth or adoption of a child.

The following provides a brief description of your benefits:

Blue Care Network Medical:

Blue Care Network HSA HMO Gold 2000 Plan

100% after Deductible for Office Visits, Specialists Visits, Urgent Care Visits & ER Visits

100% Covered (no deductible) on Preventative Services

\$2,000 Individual Deductible (\$3,500 Maximum out of pocket)

\$4,000 Family Deductible (\$7,000 Maximum out of pocket)

\$10 - \$80 (Tiers include Value Generics/Generics/Preferred Brand/Non-Preferred Brand) Co-pay Prescription Drugs (after deductible) - Specialty Drugs max. Co-pay \$200/\$300

Health Savings Account Contributed Annual by Township: \$1,300 Single / \$2,600 Spouse and/or Family

HSA quarterly payments are disbursed each year on Feb. 1st, May 1st, Aug. 1st, Nov. 1st

Delta Dental of Michigan:

PPO Dental Plan

100% Diagnostic & Preventative – 100% Basic Services – 60% Major Services

\$50 Individual Deductible / \$150 Family Deductible

\$1500 Maximum Covered Per Year

50% Orthodontic Services (Up to age 19)

EyeMed Vision Services:

Custom Vision Plan

\$10 Exam Co-pay

\$0 Co-pay Frames \$150 Allowance (plus 20% discount off balance)

Lenses \$10 Co-pay / \$15 UV treatment Co-pay / \$15 Scratch Coating Co-Pay

\$0 Co-pay Contacts / \$150 Allowance

All services provided annually

Mutual of Omaha Life Insurance and Disability Insurance:

Life Insurance: One times your annual earnings

Short Term Disability: Pays 60% average weekly earnings for a period of up to 626 weeks

Long Term Disability: Pays 60% average monthly earnings for disability period