



## Chelsea Police Department

311 South Main Street  
Chelsea, Michigan 48118  
Telephone: (734) 475-9122 Fax: (734) 475-1996  
[www.city-chelsea.org](http://www.city-chelsea.org)

**PLEASE READ & FOLLOW DIRECTIONS CAREFULLY**

Dear Police Applicant:

This Application **and** documentation of the following requirements **must** be returned to the Human Resource Department. (We will not make copies) Applications will be accepted ongoing, with no cut-off date, until further notice.

### **Eligibility to apply for testing for Police Officer:**

- 21 years of Age
- U.S. Citizen
- Valid Operator's License
- Be free from any physical defects or chronic diseases which may impair the performance of a law enforcement officer or which may endanger the lives of others or the law enforcement officer.
- Be free from mental or emotional instabilities which may impair the performance of essential job functions of a law enforcement officer or which may endanger the lives of others or the law enforcement officer.
- Possess normal color vision without the assistance of color enhancing lenses.
- Possess 20/20 corrected vision in each eye.
- Possess normal visual functions in each eye. Includes peripheral vision, depth perception, stereopsis, etc.
- High School Diploma or G.E.D.
- Passing score on the M.C.O.L.E.S Written and Physical agility tests within (6) six months of application.

### ***And one of the following:***

- A. A minimum of 60 credit hours of college from an accredited college or university (**Official** Transcripts)
- B. Veteran with (4) four years of continuous active military service under honorable conditions within (5) five years of application cut-off (or)
- C. (2) two years employment as a certified full-time police officer in the State of Michigan as established by M.C.O.L.E.S. within (2) two years of application cutoff (or)
- D. If a sworn officer in another state, documented proof of your out of State certification taken through M.C.O.L.E.S.

### **Applicants will be required to pass the follow:**

Interview & Written Exam  
Background Investigation  
Physical & Psychological Exams and Drug Screen  
M.C.O.L.E.S. Mandatory Basic Training Academy (if not already Certified or Certifiable)

### **Required documents (please provide copies):**

- Valid Driver's License
- Birth Certificate
- State Certification (if applicable)
- High School Diploma
- College Transcripts
- Completion of Basic Police Academy (if applicable)
- Honorable Discharge from Military DD-214 (if applicable)
- Proof of prior law enforcement employment on Departmental letter head (if applicable)
- Passing score on the M.C.O.L.E.S Written and Physical agility tests within (6) six months of application

If you have questions about employment or the testing process, please call Human Resources at (734) 475-1771.



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Applications are considered for employment without regard to race, color, religion, sex, national origin, age, marital status and in compliance with State and Federal regulations on handicappers' civil rights. Under the Michigan Handicappers' Civil Rights Act, a handicapper may allege a violation of the Act regarding the failure to accommodate only if the handicapper notifies the employer in writing of the need for accommodation within 182 days after the date the handicapper knew or reasonably should have known that an accommodation was needed.

### PLEASE PRINT IN BLACK INK OR TYPE

DATE: \_\_\_\_\_ POSITION APPLYING FOR: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
No. Street City State Zip

TELEPHONE: \_\_\_\_\_  
(Area Code & Home Number) (Area Code & Work Number)

EMAIL ADDRESS: \_\_\_\_\_

DATES OF ABOVE RESIDENCE: \_\_\_\_\_  
From To

S.S. Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DRIVER'S LICENSE NO: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_  
No. Street City State Zip

U.S. CITIZEN? YES \_\_\_ NO \_\_\_ HIGH SCHOOL GRADUATE? YES \_\_\_ NO \_\_\_

HAVE YOU EVER BEEN ARRESTED OR CONVICTED FOR A CRIME? YES \_\_\_ NO \_\_\_

ARE YOU NOW UNDER CHARGES FOR A CRIME? YES \_\_\_ NO \_\_\_

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM A JOB? YES \_\_\_ NO \_\_\_

LIST ALL TRAFFIC OFFENSES FOR THE LAST THREE YEARS (INCLUDE DATES):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER HAD YOUR DRIVER’S LICENSE SUSPENDED OR REVOKED? YES \_\_\_ NO \_\_\_

HAVE YOU EVER BEEN REQUIRED TO ATTEND DRIVER SAFETY SCHOOL? YES \_\_\_ NO \_\_\_

HAVE YOU EVER BEEN INVOLVED IN AN ACCIDENT IN WHICH YOU RECEIVED A TRAFFIC CITATION? YES \_\_\_ NO \_\_\_

HAVE YOU EVER BEEN IN MILITARY SERVICE? YES \_\_\_ NO \_\_\_

DATE ENTERED: \_\_\_\_\_ DATE OF DISCHARGE: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_ RANK UPON DISCHARGE: \_\_\_\_\_

BRANCH OF SERVICE: \_\_\_\_\_

JOB CLASSIFICATION IN SERVICE & TRAINING: \_\_\_\_\_

EDUCATIONAL BACKGROUND

CIRCLE HIGHEST GRADE COMPLETED

HIGH SCHOOL 9101112 COLLEGE 12345

HIGH SCHOOL GED? YES \_\_\_ NO \_\_\_

SCHOOL	NAME & ADDRESS	DATES	MAJOR	GRADE AVG. DEGREE
GRADE SCHOOL				
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
BUSINESS SCHOOL				
MILITARY				

*We do not accept faxed copies of applications or documents*

**EMPLOYMENT HISTORY**

LIST BELOW YOUR EMPLOYMENT HISTORY FOR THE LAST TEN YEARS STARTING WITH YOUR PRESENT OR MOST RECENT JOB FIRST. If ADDITIONAL SPACE IS REQUIRED, LIST ON A SEPARATE SHEET AND ATTACH TO APPLICATION. **PLEASE** COMPLETE IN DETAIL.

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
                  No.                  Street                  City                  State                  Zip

TELEPHONE NUMBER: \_\_\_\_\_ YOUR JOB TITLE: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_ DATE TERMINATED: \_\_\_\_\_

WAGES: \$ \_\_\_\_\_ PER: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
                  No.                  Street                  City                  State                  Zip

TELEPHONE NUMBER: \_\_\_\_\_ YOUR JOB TITLE: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_ DATE TERMINATED: \_\_\_\_\_

WAGES: \$ \_\_\_\_\_ PER: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
                  No.                  Street                  City                  State                  Zip

TELEPHONE NUMBER: \_\_\_\_\_ YOUR JOB TITLE: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_ DATE TERMINATED: \_\_\_\_\_

WAGES: \$ \_\_\_\_\_ PER: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
                  No.                  Street                  City                  State                  Zip

TELEPHONE NUMBER: \_\_\_\_\_ YOUR JOB TITLE: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_ DATE TERMINATED: \_\_\_\_\_

WAGES: \$ \_\_\_\_\_ PER: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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MAY WE CONTACT PRESENT AND/OR ALL PREVIOUS EMPLOYERS? YES \_\_\_\_\_ NO \_\_\_\_\_

LIST EXCEPTIONS AND REASONS: \_\_\_\_\_

LIST HOBBIES, LEISURE TIME ACTIVITIES AND INTERESTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

LIST ALL CLUBS, FRATERNITIES, BUSINESS, PROFESSIONAL CIVIC OR OTHER ORGANIZATIONS TO WHICH YOU BELONG: (EXCLUDE THOSE WHICH INDICATE RACE, CREED, COLOR OR NATIONAL ORIGIN):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHARACTER REFERENCES** (EXCLUDE RELATIVES AND FORMER EMPLOYERS)

- |    |                  |            |
|----|------------------|------------|
| 1. | _____            | _____      |
|    | Name             | Address    |
|    | _____            | _____      |
|    | Telephone Number | Occupation |
| 2. | _____            | _____      |
|    | Name             | Address    |
|    | _____            | _____      |
|    | Telephone Number | Occupation |
| 3. | _____            | _____      |
|    | Name             | Address    |
|    | _____            | _____      |
|    | Telephone Number | Occupation |

CREDIT REFERENCES – (Ex: Mortgage Company, Financial Institution, Credit Card, Car loans etc.)

- |    | Name  | Address | Telephone Number |
|----|-------|---------|------------------|
| 1. | _____ | _____   | _____            |
| 2. | _____ | _____   | _____            |
| 3. | _____ | _____   | _____            |
| 4. | _____ | _____   | _____            |
| 5. | _____ | _____   | _____            |

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WHY ARE YOU INTERESTED IN EMPLOYMENT WITH THE CHELSEA POLICE DEPARTMENT?

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**AGREEMENT AND UNDERSTANDING**

THE INFORMATION FURNISHED ON THIS APPLICATION AND SUPPLEMENTS THEREOF IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE CHELSEA POLICE DEPARTMENT TO VERIFY OR INVESTIGATE THIS INFORMATION AND ALSO AUTHORIZE THE ORGANIZATIONS AND PERSONS NAMED IN THE APPLICATION TO RELEASE INFORMATION REGARDING ME. I UNDERSTAND THAT MY FURNISHING OF ANY FALSE INFORMATION ON THIS OR ANY CITY RECORD IS REASON FOR DISQUALIFICATION AS A CANDIDATE FOR EMPLOYMENT OR CAUSE FOR TERMINATION IF I AM EMPLOYED. I AGREE TO HOLD THE CHIEF OF POLICE, THE CITY BOARD, CITY OFFICIALS AND THEIR EMPLOYEES OR AGENTS HARMLESS FROM ANY AND ALL DAMAGE THEY MIGHT SUFFER BY REASON OF ANY ACT OR COMMISSION OF MINE.

**Placing a check in the box serves two purposes: (1) that the person filing this form is the actual applicant (2) The person understands and agrees to this provision.**

UNDER THE PROVISIONS OF THE OPEN MEETING ACT, PUBLIC ACT NO. 267 OF 1976, PASSED BY THE STATE OF MICHIGAN AND EFFECTIVE APRIL 1, 1977, I UNDERSTAND THE REVIEW OF MY APPLICATION FOR EMPLOYMENT BY THE CHELSEA POLICE DEPARTMENT IS SUBJECT TO AN OPEN PUBLIC MEETING.

I HEREBY REQUEST A WAIVER, SO THAT MY APPLICATION FOR EMPLOYMENT IS NOT REVIEWED AT A PUBLIC MEETING, BUT INSTEAD THAT MY APPLICATION REMAIN CONFIDENTIAL UNDER THE PROVISIONS OF THIS ACT. BY SIGNING BELOW, THIS MEANS I WISH TO HAVE MY APPLICATION REVIEWED IN A CLOSED MEETING.

**My application can be reviewed in an open meeting**       **I do not want an open meeting**

I AUTHORIZE THE CITY OF CHELSEA TO RELEASE ANY INFORMATION (EVEN IF MORE THAN FOUR YEARS OLD) RELATING IN ANY WAY TO MY EMPLOYMENT INCLUDING DISCIPLINARY REPORTS, LETTERS OF REPRIMAND OR OTHER NOTICES OF DISCIPLINARY ACTION WHEN SUCH INFORMATION IS REQUESTED BY ANY PROSPECTIVE OR SUBSEQUENT EMPLOYERS WITHOUT ANY OBLIGATION (BY THEM OR YOU) TO GIVE ANY NOTICE OF SUCH DISCLOSURE.

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**AGREEMENT AND UNDERSTANDING  
(CONTINUED)**

I UNDERSTAND THAT ANY EMPLOYMENT OFFER IS CONDITIONAL UPON THE RESULT OF A DRUG SCREENING TEST, A PRE-EMPLOYMENT MEDICAL EXAMINATION, PSYCHOLOGICAL EVALUATION, AND COMPLETE BACKGROUND INVESTIGATION.

**Placing a check in the box serves two purposes: (1) that the person filing this form is the actual applicant (2) The person understands and agrees to this provision.**

IF EMPLOYED, I UNDERSTAND THAT IF I AM OR BECOME HANDICAPPED IN NEED OF ACCOMMODATIONS FOR EMPLOYMENT, I MUST NOTIFY THE CITY MANAGER IN WRITING WITHIN 182 DAYS AFTER THE NEED IS KNOWN OR REASONABLY SHOULD HAVE BEEN KNOWN TO ME. FAILURE TO PROPERLY NOTIFY THE CITY OF CHELSEA WILL PRECLUDE ANY CLAIM THAT THE EMPLOYER FAILED TO ACCOMMODATE THE HANDICAPPER.

**Placing a check in the box serves two purposes: (1) that the person filing this form is the actual applicant (2) The person understands and agrees to this provision.**

I UNDERSTAND THAT, AS A CONDITION OF MY CONSIDERATION FOR EMPLOYMENT WITH THE CITY OF CHELSEA (“CITY”) AND AS A CONDITION OF MY CONSIDERATION FOR EMPLOYMENT WITH THE CITY, THE CITY MAY OBTAIN A CONSUMER REPORT THAT INDICATES, BUT IS NOT LIMITED TO, MY CREDITWORTHINESS OR SIMILAR CHARACTERISTICS, EMPLOYMENT AND EDUCATION VERIFICATION, SOCIAL SECURITY VERIFICATION, CRIMINAL AND CIVIL HISTORY, PERSONAL INTERVIEWS, DRIVING RECORDS, ANY OTHER PUBLIC RECORDS AND ANY OTHER INFORMATION BEARING ON MY CREDIT STANDING, CREDIT CAPACITY, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND TRUSTWORTHINESS.

I HEREBY AUTHORIZE AND CONSENT TO THE CITY’S PROCUREMENT OF SUCH A REPORT. I UNDERSTAND THAT, PURSUANT TO THE FEDERAL FAIR CREDIT REPORTING ACT, THE CITY WILL PROVIDE ME WITH A COPY OF ANY SUCH REPORT IF THE INFORMATION IN SUCH REPORT IS, IN ANY WAY, TO BE USED IN MAKING A DECISION REGARDING MY FITNESS FOR EMPLOYMENT WITH THE CITY. I FURTHER UNDERSTAND THAT SUCH REPORT WILL BE MADE AVAILABLE TO ME PRIOR TO ANY SUCH DECISION BEING MADE, ALONG WITH THE NAME AND ADDRESS OF THE REPORTING AGENCY THAT PRODUCED THE REPORT.

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**AGREEMENT AND UNDERSTANDING  
(CONTINUED)**

I AGREE THAT ANY LAWSUIT AGAINST THE CITY ARISING OUT OF MY EMPLOYMENT OR TERMINATION OF EMPLOYMENT, INCLUDING BUT NOT LIMITED TO, CLAIMS ARISING UNDER THE STATE OR FEDERAL CIVIL RIGHTS STATUTES, MUST BE FILED WITHIN ONE YEAR OF THE EVENT GIVING RISE TO THE CLAIMS OR BE FOREVER BARRED. I WAIVE ANY LIMITATIONS PERIOD TO THE CONTRARY.

**Placing a check in the box serves two purposes: (1) that the person filing this form is the actual applicant (2) The person understands and agrees to this provision.**

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE CITY OF CHELSEA. I FURTHER ACKNOWLEDGE I WILL BE ON PROBATIONARY STATUS FROM MY DATE OF HIRE. AS A PROBATIONARY EMPLOYEE, I AM REQUIRED TO WORK DURING THE PROBATIONARY PERIOD WITHOUT INTERRUPTIONS. AS A PROBATIONARY EMPLOYEE, I UNDERSTAND MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED AT ANY TIME WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT THE OPTION OF THE CITY OR MYSELF. I UNDERSTAND THAT NO OFFICER OR REPRESENTATIVE OF THE CITY HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, EXCEPT THE CITY MANAGER, AND ANY SUCH AGREEMENT MUST BE MADE IN WRITING, DIRECTED TO ME PERSONALLY. I FURTHER ACKNOWLEDGE THAT AFTER MY PROBATIONARY PERIOD ENDS, I WILL BE SUBJECT TO THE TERMS AND CONDITIONS OF A COLLECTIVE BARGAINING AGREEMENT.

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## RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN

I hereby authorize any representative of the City of Chelsea bearing this release to obtain information from your files or other sources pertaining to my personal background including, but not limited to, academic, athletic, achievement, attendance, personal history, disciplinary action, medical, credit or any other records you may have regarding myself. I hereby direct you to release such information upon the request of the bearer. This release is executed with the full knowledge and understanding that the information is for the official use of the City of Chelsea. Consent is granted for the City of Chelsea to furnish such information as is described above, to third parties in the course of the City of Chelsea fulfilling its official responsibilities with regard to my application for employment. I hereby release you, the institution or establishment which you represent including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below:

FULL NAME (PRINT OR TYPE) \_\_\_\_\_

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
CURRENT ADDRESS: NUMBER & STREET NAME      CITY      STATE      ZIP

**Placing a check in the box serves two purposes: (1) that the person filing this form is the actual applicant (2) The person understands and agrees to this provision.**

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Authority: Act 78 of P.A. of 1935  
Act 155 of P.A. of 1986

**Completion Voluntary**

*We do not accept faxed copies of applications or documents*  
**You can save and email your application with attachments to**  
**[humanresources@city-chelsea.org](mailto:humanresources@city-chelsea.org)**

**ALL DOCUMENTS MUST BE SUBMITTED WITH YOUR APPLICATION**