



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer



MASON COUNTY SHERIFF'S OFFICE

302 North Delia Street – Ludington, Michigan 49431 – (231) 843-3475

Name _____ Date _____
Last First MI

Address _____
Street City State Zip

Telephone () _____ Cell No. () _____ Email _____

Driver's License No. _____ How long a resident of this city/state? _____

Social Security No. _____

U.S. Citizen? Yes No Are you 18 years of age or older? Yes No

Position Applying for: Corrections Road Patrol Dive Team

Mounted Division Full Time Part Time Reserve

Do you have any impairment (physical, mental, or medical) that would interfere with your ability to perform the work for which you are applying?

Have you ever served in the military? _____

Are you currently employed as a Certified Police Officer? Yes No State: _____

If unemployed as Officer, but hold certification, provide date certification expires: _____

Do you fluently speak or write any language other than English? _____

Have you ever been convicted of a felony? If yes, explain

Are there any felony charges pending against you? If yes, explain

EMPLOYMENT HISTORY (beginning with most recent):

Employer Name	
Employer Address	Phone ()
Job Duties	
Dates of Employment	
Reason for Leaving	

Employer Name	
Employer Address	Phone ()
Job Duties	
Dates of Employment	
Reason for Leaving	

Employer Name	
Employer Address	Phone ()
Job Duties	
Dates of Employment	
Reason for Leaving	

EDUCATION HISTORY

Years Completed (circle) 4 5 6 7 8 9 10 11 12

College / University 1 2 3 4

Graduate / Professional 1 2 3 4

	High School	College/University	Graduate / Professional
School Name and Address			
Diploma / Degree			
Course of Study			
Specialized Training			

Please list any other studies or training that would be law enforcement related:

Please list name, address and telephone number of three references that are not related to you and are not previous employers:

NAME	ADDRESS	TELEPHONE NUMBER

I hereby certify that all of the above information on this employment application is complete and the whole truth. I also understand that if I have falsified anything on this application, it can be cause for my dismissal from the Mason County Sheriff's Office.

Applicant Signature

Today's Date

I hereby authorize the Mason County Sheriff's Office to investigate and review any records pertaining to employment, schooling, and references as listed by me in this application.

Applicant Signature

Today's Date

MASON COUNTY SHERIFF'S OFFICE

**AUTHORIZATION FOR
RELEASE OF INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the Mason County Sheriff's Office bearing this Authorization to obtain information from your files or other sources pertaining to my personal background, including, but not limited to, the histories/records checked below:

- | | |
|---|--|
| <input type="checkbox"/> EMPLOYMENT HISTORY | <input type="checkbox"/> PERSONAL HISTORY |
| <input type="checkbox"/> CRIMINAL HISTORY | <input type="checkbox"/> DISCIPLINARY ACTIONS |
| <input type="checkbox"/> FINANCIAL/CREDIT | <input type="checkbox"/> MORTGAGE RECORDS & PAYMENTS SCHEDULES |
| <input type="checkbox"/> ACADEMIC RECORDS | <input type="checkbox"/> UTILITY BILLS |
| <input type="checkbox"/> ATHLETIC RECORDS | <input type="checkbox"/> DRIVING RECORD |
| <input type="checkbox"/> ACHIEVEMENTS | <input type="checkbox"/> MEDICAL RECORDS
(MENTAL /PHYSICAL, INCLUDING DIAGNOSIS AND
PROGNOSIS, IF ANY) |
| <input type="checkbox"/> ATTENDANCE RECORDS | |

I hereby authorize you to release such information upon the release of the bearer. This Authorization is executed with the full knowledge and understanding that the information is for official use by the Mason County Sheriff's Office.

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 the Authorization for Release of Information, or any attempt to comply with it. Should there be any questions as to the validity of the Authorization, you may contact me as indicated below.

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

FULL NAME: (Typed or Printed)	SOCIAL SECURITY NO.	DATE OF BIRTH
CURRENT ADDRESS: (No., Street, City, State, Zip)	TELEPHONE NO.	
DRIVER LICENSE NO:	STATE ISSUING:	
SIGNATURE:	TODAY'S DATE	

THIS INFORMATION IS CONFIDENTIAL. DISCLOSURE OF CONFIDENTIAL INFORMATION IS PROTECTED BY THE FEDERAL PRIVACY ACT.

AUTHORITY: 1935 PA 59
COMPLIANCE: VOLUNTARY