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**The City of Clawson is an Equal Opportunity Employer**

**Application Packet**

**Complete the enclosed packet and returned to Det./Sgt. Kellie Bauss no later than 4/12/2021.**

**Must be returned in person. Call ahead to make an appointment.**



**CLAWSON**  
— MICHIGAN —



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### Employment Background Questionnaire and Affidavit

Read every question carefully and answer each question accurately and truthfully. Applicant may be disqualified from further processing if the applicant makes a false statement in this questionnaire. All entries, except signature, must be printed legibly with ink. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this questionnaire and number answers to correspond with questions. Applicant must sign each page.

**Application Identification:** Information provided in this section is used for identification purposes only.

FULL NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIP

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_  
CITY COUNTY STATE

ARE YOU A US CITIZEN \_\_\_\_\_

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

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

**RESIDENCES:** List all addresses where you have lived during the past 10 years, beginning with your present address. List date by month and year. Add extra pages if necessary.

1. FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_



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2. FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_
  
  3. FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_
  
  4. FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_
  
  5. FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_
  
  6. FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

**WORK HISTORY:** Beginning with your present or most recent job, list all employment since the age of 16. This would include part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages, if necessary.

1. FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ DUTIES: \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_



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2. FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ DUTIES: \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

3. FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ DUTIES: \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

4. FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ DUTIES: \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_



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5. FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ DUTIES: \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

6. FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ DUTIES: \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

**MILITARY SERVICE: If you have served in the U.S. Armed Forces, complete the following section.**

1. DATE OF SERVICE FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
BRANCH OF SERVICE: \_\_\_\_\_  
UNIT DESIGNATION: \_\_\_\_\_  
SERVICE NUMBER: \_\_\_\_\_ RANK: \_\_\_\_\_  
TYPE OF DISCHARGE:  
If you were ever disciplined while in the military service or if you received a discharge other than honorable, give complete details.  
\_\_\_\_\_  
\_\_\_\_\_



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**EDUCATION HISTORY**

1. **HIGH SCHOOL (S) ATTENDED:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_  
**GRADUATION DATE:** \_\_\_\_\_ **CREDIT HOURS:** \_\_\_\_\_
  
2. **COLLEGE OR UNIVERSITY ATTENDED:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_  
**GRADUATION DATE:** \_\_\_\_\_ **CREDIT HOURS:** \_\_\_\_\_  
**MAJOR/MINOR:** \_\_\_\_\_  
**DEGREE RECEIVED:** \_\_\_\_\_
  
3. **COLLEGE OR UNIVERSITY ATTENDED:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_  
**GRADUATION DATE:** \_\_\_\_\_ **CREDIT HOURS:** \_\_\_\_\_  
**MAJOR/MINOR:** \_\_\_\_\_  
**DEGREE RECEIVED:** \_\_\_\_\_



4. COLLEGE OR UNIVERSITY ATTENDED: \_\_\_\_\_

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

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

GRADUATION DATE: \_\_\_\_\_ CREDIT HOURS: \_\_\_\_\_

MAJOR/MINOR: \_\_\_\_\_

DEGREE RECEIVED: \_\_\_\_\_

**SPECIAL QUALIFICATIONS AND SKILLS: List any special skills, training, or licenses that you hold.**

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

**ARREST, DETENTION, OR LITIGATION:**

**Have you ever been arrested, detained by police, or summoned into court?**

**If yes, list the circumstances, in detail below (Juvenile & Adult)**

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



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**Have you ever been involved as a party in civil litigation?  
If yes, list the circumstances, in detail below.**

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**TRAFFIC RECORD:**

**Has your license ever been suspended or revoked? If yes, give details including dates, location and reasons.**

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List to the best of your memory, all driving citations you have received as an adult or juvenile (Include Dates and Final Disposition).

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**MARITAL AND FAMILY HISTORY**

ARE YOU SINGLE, ENGAGED, SEPARATED, DIVORCED, OR WIDOWED? | \_\_\_\_\_

IF ENGAGED, NAME OF FIANCÉ: \_\_\_\_\_

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

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

IF MARRIED: | \_\_\_\_\_

SPOUSES NAME (MAIDEN): \_\_\_\_\_

DATE: \_\_\_\_\_ CITY AND STATE: \_\_\_\_\_

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

**IF EVER SEPERATED, DIVORCED, OR WIDOWED, PROVIDE DETAILS**

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List all children related to you or your spouse (natural, step, adopted, or foster care) including name, date of birth, and address if different than yours.

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List all other relatives in the following order: father, mother (include maiden name), brothers & sisters (living and deceased). Include name, address, relation, and phone numbers.

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**FINANCIAL HISTORY: SOURCES OF INCOME**

What is your present salary or wage? \_\_\_\_\_

Do you have any income from any source other than your principal occupation? If yes, how much?

Do you own real estate? \_\_\_\_\_

Do you have a bank account? \_\_\_\_\_

Avg savings balance? \_\_\_\_\_

Avg Checking balance? \_\_\_\_\_





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**REFERENCES:** List five people who know you well enough to provide current information about you.  
Do not list relatives or former employers.

**NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**YEARS KNOWN:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**YEARS KNOWN:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**YEARS KNOWN:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**YEARS KNOWN:** \_\_\_\_\_



NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

YEARS KNOWN \_\_\_\_\_

**PERSONAL DECLARATIONS:**

**Describe in your own words the frequency and extent of your use of intoxicating liquors.**

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

**Have you ever used marijuana? if yes, provide details on the use.**

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

**Have you ever sold or furnished Drugs or narcotics to anyone. If yes provide details.**

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

**If it became necessary to take a human life in the course of your duties as a police officer, would any religious or other beliefs prevent you from doing so?**

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



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**Do you have any religious or other beliefs which would prevent you from fully performing the duties of a police officer? this includes working weekends, evening or night shifts. If yes, explain.**

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**Have you ever made application for employment with this or any other law enforcement agency? If yes, provide agency, dates and status of application. if necessary, attach additional pages.**

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**Are there any other incidents in your life or details not mentioned herein which may influence this departments evaluation of suitability for employment as a police officer? If yes, EXPLAIN.**

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**I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions or falsifications will be grounds of immediate rejections or termination of employment.**

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**Signature of Applicant**

**Date**