

Prairieville Township Police Department

APPLICANT STATEMENT

- 1) I certify that answers given herein are true and complete to the best of my knowledge. I understand that failure to complete this application accurately and in its entirety will be cause for Prairieville Township hereafter referred to as TWP or the EMPLOYER to disqualify my application.
- 2) I authorize the Twp. to perform all checks of my credentials as allowed by law including but not limited to criminal background investigations, driver's license record, drug and alcohol tests, and discussions with supervisors, co-workers, friends, business associates or other individuals that the Twp, in its sole discretion, believes may have relevant information regarding my suitability for employment. I agree not to assert any claims or causes of action of any kind against the Twp, its agents, its employees or any individual contacted by the Twp, arising out of the Twp's investigation. I also waive any right under the Bullard-Plawecki Right to Know Act, 1978 PA 397, to receive written notice from the Twp or any former or current employer that disciplinary reports, letters of reprimand, or other disciplinary action taken against me while employed, will be or have been disclosed to a third person or entity. I further release and forever discharge the Twp, its agents, its employees and the individuals and companies contacted by the Twp as part of its investigation, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever arising from the Twp's investigation of my credentials. I acknowledge that the Twp has made NO representations of any kind as to whether employment will be offered at the conclusion of its investigation.
- 3) This application for employment shall be considered active until the position is filled but in no event will exceed 365 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. A resume may be attached but is not considered a substitute for the completion of this application or any portion herein.
- 4) I hereby understand and acknowledge that, unless specifically and clearly defined by applicable law, contract, collective bargaining agreement or Twp policy, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time with 2 weeks written notice, and the Employer may discharge the Employee at any time with, or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized representative of Prairieville Township Board, and the Director of Human Resources, Township Supervisor, and/or Police Chief.
- 5) In the event of employment, I understand that false or misleading information given in my application or at any point in the selection process will result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.
- 6) I agree and understand that any employment offer is **conditional** upon the results of a post-offer medical examination, which may include vision, applicant suitability testing as dictated by selected positions, Licensing requirements as dictated by M.C.O.L.E.S., DLEG-LARA OFFT, DLEG-LARA EMS Division, Local-State-Federal-International records check via AFIS-FBI-INTERPOL, LEIN, MI SOS, NCIC, psychological, drug, alcohol tests, and ability to obtain/maintain any/all Training/Certifications as required.
- 7) I agree not to commence any action or suit relating to my employment or the Twp's failure to offer me employment, more than twelve months after the date of termination of such employment or, if not hired, within twelve months of the date of the application, and to waive any statute of limitations to the contrary, unless such statute of limitations provides a shorter period of time in which to bring a claim or cause of action.
- 8) I understand, acknowledge and hereby consent to each of the above statements, and conditions, I further certify that I have been truthful, accurate, and complete in the completion of this application to the best of my ability. I further understand that any omissions, misstatements, or incompleteness may be viewed as intentional and may immediately disqualify me from consideration, and cause criminal charges to be levied if deemed appropriate.

APPLICANT		
Signature:	Date:	
TOWNSHIP OFFICIAL / or / NOTARY PUBLIC		
Signature:	Printed Name:	
Address:	·	
Telephone: ()	Date:	

Date Received://20 Received By: Application Complete []Y []N Picture ID Verified: []Y []N	
ATTACHMENTS: State ID/DL[]* SS Card[] Birth Certificate[] DD214 If App[] Resume/CV[] Certifications[] Transcriptions [] Other(List Below)]
COMMENTS: *See Social Security Number Policy	