Saginaw Chippewa Tribal Police Department



Dispatch / Corrections Application Packet

Saginaw Chippewa Tribal Police Department

Experience and Education Questionnaire

1. <u>READ ALL INSTRUCTIONS CAREFULLY.</u>

- 2. This questionnaire must be filled out in detail. Please complete this form as soon as possible and <u>RETURN IT TO THE DEPARTMENT</u>. If selected, you will be contacted by a representative of the *Saginaw Chippewa Tribal Police Department*.
- 3. Read all statements and questions carefully before answering.
- 4. All questions \underline{MUST} be answered. In the event that a question does not apply to you, place the letters N/A in the space provided for the answer.
- 5. This questionnaire must be typewritten or printed in ink.
- 6. In the event that there is not sufficient space on this form for your answers, additional sheets must be attached.
- 7. This questionnaire must be completed accurately and honestly. Omission or falsification of information may result in the rejection of your application.
- 8. Obtain the following documents if applicable and have them available to give to the department representative with this form when you are interviewed.
 - A. High school and College transcripts
 - B. Discharge or separation from military service form DD-214
 - C. Birth Certificate
- 9. This form will be used to conduct your background investigation. Employers, relatives, neighbors and other associates will be interviewed. The final investigation report will be used in evaluating your suitability for a position with the *Saginaw Chippewa Tribal Police Department*.
- 10. The report will not be released to any other agency without your written permission. You have the option to review the report prior to release.

READ THE ABOVE INSTRUCTIONS BEFORE COMPLETING THIS QUESTIONNAIRE

SCTPD 7/2002

PERSONAL BACKGROUND

. Full Name:			
	(First)	(Middle)	(Last)
2. Present Address:	(Street & Number)		
(County)	(Street & Number)	(City)	(State/Zip Code)
3. Permanent Address:			
(County)	(Street & Number)	(City)	(State/Zip Code)
4. Telephone Number:			
	(Home)		(Business)
5. Have you used any na education employment	me (including nickname nt, finances, or to gain tra		
	[] Yes*	[] No	
*If yes, please explain	If a legal change, indicate dat	e location and authority)	
5. Date of Birth:		Age:	
7. Are you a U.S. Citize	en? [] Yes	[] No	
	ou will be asked to produ of Naturalization or Cer		(a birth certificate,
3. Have you ever applied	l for any similar position	s before?	[] Yes [] No
If yes, What positions	:		
If yes, Were you	[] Accepted	[] Rejected	Date
If rejected, Reason			
	d a training school for or *If yes, Please lis		tions? ns and the dates attended.
Which position?			
· /	To (<i>date</i>): ame information for eac	,	ended more than one al sheet.
9. Have you ever made ap	oplication to another law	enforcement agency?	[] Yes* [] No
*If yes list the date na	me and address of agend for each agency on an a		to more than one, list
the same information	for each agency on an a		
the same information			Date:
the same information Agency/Name:		· · · · · · · · · · · · · · · · · · ·	Date:

TRAFFIC & CRIMINAL HISTORY

Michigan Operators License No		
Other State(s) Operators License No		
0. Have you ever been arrested for anything other than a traffic violation?	[] Yes*	[] No
If yes, list date, charge, and disposition, location and the name and address of	f arresting agence	ey:

Note: The above information is to include <u>ANY and ALL</u> arrests other than those for traffic violations. Having been arrested does not mean you cannot be appointed. The seriousness, recency, number, pattern and surrounding circumstances will be considered.

Questions **11-13** concern experiences that might affect your attitude toward law enforcement. **"Yes"** answers do not mean you cannot be appointed.

11. Have you ever been investigated by any law enforcement agency for any reason? [] Yes* [] No

*If yes, list date, location, name and address of agency and reason for investigation:

12. Have you ever been convicted of a crime? [] Yes* [] No

13. List all traffic citations which you have been issued (*include date, charge, location, name and address of issuing agency and disposition.*)_____

14. List **ALL** traffic accidents in which you have been involved. (Include date, location and Police Department.)

^{*}If yes, give particulars: _____

EDUCATION

ľ	Address				
Ι	Dates Attended				
		(From)		(To)	
Ι	Did you graduate?	[] Yes	[] No*		
2		npleted a General E sh School transcript or G		nent Test (GED)? [] Yes	[] N
6.	College				
1	Address				
I	Dates Attended	(From)		(To)	
-					
	*				
	Years, Months or ho	ours completed			
	Dates attended				
1		(From)	(To)	Certificate	
8. L	ist any coursework seful to you for the	(From) or training which y	(To) rou have completed, v s, Police Science, Cri	Certificate which you believe would be d iminology, Sociology, Psycho	lirectly
8. L ι	ist any coursework seful to you for the	(From) or training which y se positions, such as	(To) rou have completed, v s, Police Science, Cri	which you believe would be d	lirectly
.8. L ι	ist any coursework seful to you for the	(From) or training which y se positions, such as	(To) rou have completed, v s, Police Science, Cri	which you believe would be d	lirectly
8. L	ist any coursework seful to you for the	(From) or training which y se positions, such as	(To) rou have completed, v s, Police Science, Cri	which you believe would be d	lirectly
8. L ι	ist any coursework seful to you for the	(From) or training which y se positions, such as	(To) rou have completed, v s, Police Science, Cri	which you believe would be d	lirectly
18. L I I	ist any coursework seful to you for the Public Speaking or I	(From) or training which y se positions, such as Law. Include dates	(To) rou have completed, v s, Police Science, Cri and location.	which you believe would be d	lirectly blogy,
8. L I I 	ist any coursework seful to you for the Public Speaking or I ote: If you have fur trade schools, u	(From) or training which y se positions, such as Law. Include dates	(To) You have completed, v s, Police Science, Cri and location.	which you believe would be d iminology, Sociology, Psycho	birectly blogy,

20. List any activities in which you have been involved, which you believe reflect your interest in social service work or community affairs. Include, for example, tutoring, drug treatment or crisis work, correctional program assistance, coaching or counseling.

21. List any honors, awards, or other forms of recognition which you have received for scholarship, athletics or other achievements.

22. List any offices of leadership (elective or appointed), which you have held as part of or apart from school. Give dates and locations.

EMPLOYMENT HISTORY

Social Security No. _____

23. Chronological history or employment for the past ten years. Account for all periods include casual employment. Include all periods of unemployment, and state what you did during these periods. List present or most recent position first.

Note: The investigator may interview Employers, Supervisors and Co-Workers.

Employment discharge or discipline does not mean you cannot be appointed. The seriousness, recency and surrounding circumstances will be considered.

Dates of Employment	to	
Employer		
Address	Phone	
Type of Business	Supervisor	
Title of Position	Monthly Salary \$	
What were your duties?		
Reason for leaving?		
Dates of Employment	to	
Employer		
Address	Phone	
Type of Business	Supervisor	
Title of Position	Monthly Salary \$	
What were your duties?		
Reason for leaving?		
Dates of Employment	to	
Employer		
Address	Phone	
Type of Business	Supervisor	
Title of Position	Monthly Salary \$	
What were your duties?		

Employment History (continued)

Dates of Employment	to	
	Phone	
Type of Business	Supervisor	
Title of Position	Monthly Salary \$	
What were your duties?		
Reason for leaving?		
Dates of Employment	to	
Employer		
Address	Phone	
Type of Business	Supervisor	
Title of Position	Monthly Salary \$	
What were your duties?		
Dates of Employment	to	
Employer		
Address	Phone	
Type of Business	Supervisor	
Title of Position	Monthly Salary \$	
What were your duties?		
tes of Employment	to	
Employer		
Address	Phone	
Type of Business	Supervisor	
Title of Position	Monthly Salary \$	
What were your duties?		
Reason for leaving?		

MARITAL STATUS & FAMILY

Married	Unmarried	Separated	Divorced

24. The full name of each family member (*father, mother, spouse, brothers, sisters, and children*) is required. List in order of last, first and middle names. Furnish complete address and birth date and indicate in the last column if living or deceased. Include step-parents or guardians. Include maiden names if different from your own.

If you have been married more than once, including annulments, furnish same data concerning former spouses.

. .	Name		Relation-		Date of	Living/ Deceased
Last	First	Middle	ship	Address	Birth	Deceased
						1
			+			+

25. With whom are you living? (Include name, age and relation.)

<u>MILITARY</u>*

Selective Service No	Military Serial No
•	ne military of a foreign government? [] Yes* [] No s 46-51 regarding that service on an additional sheet.
27. Selective Service Board N	o Address
28. Draft Classification	Draft Lottery No
29. Dates of active service	to
30. Branch of Service	Last Station
31. Rank upon discharge	Type of Discharge [] Honorable [] Other
32. Were you ever the subject *If yes, please use an additional set of the subject set set set of the subject set of the subject set of the subjec	of a Court-Martial or other disciplinary action? [] Yes* [] No ional sheet to give detail.
33. Are you presently or have	you ever been a member of any military reserve organization?
[] Yes* [] No)
*If yes, branch of Service	Rank
Present Station	
*You must provide certific military service.	ate of separation, DD-214 , if you were separated from <u>ANY</u> branch of
34. List five character reference (Must live within the State of M	ces, other than employers or supervisors, who you know intimately <i>Aichigan</i>).
1	Business Address
Phone	Residence Address
2	Business Address
Phone	Residence Address
3.	Business Address
	Residence Address
Λ	Business Address
	Residence Address
	Business Address
Phone	Residence Address

<u>References</u> (continued)

List the name(s) and address of any law enforcement official that you know personally.

Name	_ Address
Agency employed by	
Name	Address
Agency employed by	

RESIDENCE RECORD

35. List <u>ALL</u> residences since age of 16.

Dates	_ to	Address
Dates	_ to	Address

RECREATION

36. List any recreational activities which you participate in: _____

OTHER INFORMATION

37. In the area below, you may furnish any information which you feel will be of value to the investigator, or you may further explain anything you wish regarding your application for these positions.

READ CAREFULLY BEFORE SIGNING

I certify that all answers to the above questions are true and complete to the best of my knowledge, and I agree and understand that any misstatement of material facts contained in this questionnaire may cause forfeiture upon my part of all rights to any employment in the service of the *Saginaw Chippewa Tribal Police Department*.

Signature

Date

Saginaw Chippewa Tribal Police Department

A division of the

Saginaw Chippewa Indian Tribe

Release of Information

To Whom It May Concern:

I hereby authorize any representative of the *Saginaw Chippewa Tribal Police Department*, 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 me. I hereby direct you to release such information upon the request or the bearer. This release is executed with the knowledge and understanding that the information is for the official use of the *Saginaw Chippewa Tribal Police Department*. Consent is granted for the *Saginaw Chippewa Tribal Police Department*. Consent is granted for the *Saginaw Chippewa Tribal Police Department*. I hereby release you, the institution or establishment which you represent, including it's 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 (typed or printed)		Social Security No.	
Current address:		City	State/Zip Code
County	Telephone No.	Date of Birth	
	()		
Signature		Date	

Saginaw Chippewa Tribal Police Department

A division of the Saginaw Chippewa Indian Tribe

Authorization for Release of Military and Medical Information

To: National Personnel Record Center Military Personnel Records 9700 Page Boulevard St. Louis, MO 63132 From: Saginaw Chippewa Tribal Police Personnel Department 6954 East Broadway Mt. Pleasant, MI 48858

Name of Applicant (typed or printed)		Name while in Service (if different)
Service Number		Branch of Service
Dates of Active D	Puty	Dates of Reserve Duty
From:	To:	From: To:
Present Military S	Status	
[] None [] Ai	r Force Reserve [] Army	Reserve [] Naval Reserve [] Marine Reserve [] National Guard

As an applicant for a position with the *Saginaw Chippewa Tribal Police Department*, I am required to furnish information for use in determining my moral, physical and mental qualifications. I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release to the *Saginaw Chippewa Tribal Police*, at the address listed above, information or photocopies from my military personnel and related medical records. This could include a photocopy of my **DD Form 214**, Report of Separation.

Signature of Applicant	Date
Current Home Address	

To be completed by Records Office:

Date of Entry	Date of Separation	Reason for Separa	tion	Character of S	ervice
Note: If discharge	e is other than "HONOR	ABLE," no further inform	ation is requi	red.	
Disciplinary Data	l		Significant illnesses or injuries		
[]]);	C 1		[]]]		

		See Remarks	[] None [] See Remarks [] See Attached		
Psychiatric Observations & Treatment			Physical Condition at time of separation		
r sychiatric Observations & recatilent			Thysical Condition at time of separation		
[] None	See Remarks	[] See Attached	[] Report of Separation Physical Attached		
D I					

Releasing Office	Date Released
Released by (Signature)	

Saginaw Chippewa Tribal Police Department <u>Employment Reference Report</u>

Applicant:		Employer (business):		
Date:	[] Request Confidential Status	Employer Address:		
City:	l	State:	Zip Code:	
Person Interviewed:		Title:		
		[] Supervisor	[] Co-Worker	
1. Applicant's Job Cla	assification:	2. Length of Service:		
		From:	То:	
3. Examples of work	performed:	4. Annual Salary:		
5. If no longer employ	ved, reason for separation:			

Any ratings of "*MARGINAL*" or "*UNACCEPTABLE*" or responses marked by an asterisk (*) require the investigator to explain in narrative form on reverse side.

6. Quality of Work	[] Excellent	[] Good	[] Marginal	[] Unacceptable
7. Quantity of Work	[] Excellent	[] Good	[] Marginal	[] Unacceptable
8. Dependability	[] Excellent	[] Good	[] Marginal	[] Unacceptable
9. Attendance	[] Excellent	[] Good	[] Marginal	[] Unacceptable
10. Injury Record	[] Excellent	[] Good	[] Marginal	[] Unacceptable
11. Accepts Supervision	[] Excellent	[] Good	[] Marginal	[] Unacceptable
12. Works w/ Others	[] Excellent	[] Good	[] Marginal	[] Unacceptable
13. Initiative	[] Excellent	[] Good	[] Marginal	[] Unacceptable
14. Integrity	[] Excellent	[] Good	[] Marginal	[] Unacceptable
15. Attitude	[] Excellent	[] Good	[] Marginal	[] Unacceptable
16. Respects Others	[] Excellent	[] Good	[] Marginal	[] Unacceptable
17. Appearance	[] Excellent	[] Good	[] Marginal	[] Unacceptable
18. Overall Rating	[] Excellent	[] Good	[] Marginal	[] Unacceptable
19. Indication of any biases?	20. Illeg	al drug use?	21. Would you	rehire?
[] Yes* [] No	[]	Yes* [] No	[] Yes	[] No *

22. How would you rate this person's ability to be a Tribal Police Officer?

How would you rate this	person s donnej to be t	a mourrentee onnee	•	
[] Excellent	[] Good	[] Marginal*	[] Unacceptable*	[] Don't Know

Signature: Investigator's Name & Rank

Saginaw Chippewa Tribal Police Department <u>Personal Reference Report</u>

Applicant:			Date:		
Person Interviewed:	on Interviewed: Telephone: Age:				Age:
		[] Request Co	onfidential Status	()	
Address:		City:		State/Zip Cod	e:
1. Nature of acquainta	ance: [] Social	[] Busin	ness [] Fam	nily:	
(Check all that apply	7)				
[] Educational [] Neighbor [] Other:					
2. How long have you	known the applicant?		3. How often do y	ou see the applicant?	
4. How would you describe the applicant's use of alcoholic beverages? (Check below)					
[] None [] Light [] Moderate*	[] Heavy*	[] Abusive*	[] Unknown

* For any responses designated by an asterisk (*), the investigator must submit explanation in narrative form on the reverse side or attached page.

5. Are you well acquainted with the applicant?	[]Yes	[] No *
6. Would you describe the applicant as honest?	[]Yes	[] No*
7. Is he/she the type of person you would want for a police officer?	[]Yes	[] No*
8. Does the applicant respect the law and/or persons of authority?	[]Yes	[] No*
9. Would you describe the applicant as mature?	[]Yes	[] No*
10. Do you think the applicant respects the rights and property of others?	[]Yes	[] No*
11. Have you ever seen the applicant use or suggest violence as a means to settle a problem?	[] Yes*	[] No
12. Do you have any knowledge of the applicant using any illegal drugs?	[] Yes*	[] No
13. To you knowledge has the applicant ever been arrested or involved in any trouble?	[] Yes*	[] No
14. Have you ever seen the applicant in the company of undesirable persons?	[] Yes*	[] No
15. Have you ever seen the applicant display any racial or sexual prejudices?	[] Yes*	[] No
16. Have you ever seen the applicant intoxicated?	[] Yes*	[] No

Investigator's comments/observations: ______