

Applicant Name \_\_\_\_\_

# Saginaw Police Reserve Unit

612 Federal Ave. Saginaw, MI 48607  
989-759-1284

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## Police Reserve Application

**Vision:** *We will strive for the continuous development of Saginaw as a model city - where people want to live, to conduct business and to visit. As a professional organization, we will use our talents to create and sustain a safe environment for all.*

**Values:** *We are committed to upholding the public trust by serving the community with integrity, honesty, accountability and respect.*

**Mission:** *The Saginaw Police Department will work in partnership with the community to reduce the fear and incidence of crime, to enhance the quality of life, and to render the highest standards of professional law enforcement.*

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Application obtained from:      Police Desk      Internet      Other: \_\_\_\_\_

Referred to us by: \_\_\_\_\_ Application Date: \_\_\_\_\_

**INSTRUCTIONS:** Complete this form in black ink only. Answer all questions to the best of your ability. Use a separate sheet of paper for additional information or explanation. All statements are subject to investigation and verification. Applications that are not fully completed will not be processed. Please staple all pages together.

### **General Information:**

\_\_\_\_\_  
Last, First, Initial

\_\_\_\_\_  
Number, Street/Highway, City, State, Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Pager/ Other Number

Email: \_\_\_\_\_

Have you applied with the Saginaw Police Reserve Unit before?      YES      NO

When: \_\_\_\_\_

Have you ever been employed by the City of Saginaw?      YES      NO  
If yes, give dates, job title, and supervisor in the "Further Explanation" Section.

Do you have relatives employed by the City of Saginaw?      YES      NO  
If yes, give their name, job title, and relationship in the "Further Explanation" Section

Are you a citizen of the USA?      YES      NO

Applicant Name \_\_\_\_\_

Have you ever served in the US Armed Forces? YES NO  
Branch: \_\_\_\_\_

What type of discharge received? HONORABLE OTHER  
Explain: \_\_\_\_\_

Have you ever been convicted of a misdemeanor? YES NO  
If Yes, list place, date, and details in "Further Explanation" Section

Have you ever been convicted of a felony? YES NO  
If Yes, list place, date, and details in "Further Explanation" Section

Have you ever been terminated or forced to resign from a position? YES NO  
If Yes, list place, date, and details in "Further Explanation" Section

### **Education**

All applicants MUST possess a High School Diploma or G.E.D. Please check the following that you have received:

Diploma – Name of High School: \_\_\_\_\_

GED – Name of Institution: \_\_\_\_\_

College Degree – Type of Degree: \_\_\_\_\_

List the names of the business schools, colleges or universities you listed above. Please list your major and the highest degrees or certifications earned.

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

### **Personal Information**

List all organizations, clubs, associations, and memberships which you are currently a member or associated with:

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

Summarize any special skills, qualifications, and abilities which would further qualify you to be a part of our organization. (You may exclude any which indicate race, color, religion, gender, national origin, disabilities, or other protected status.)

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



Applicant Name \_\_\_\_\_

**Employment History** (Most Current First)

**1.** From: \_\_\_\_\_ to \_\_\_\_\_

Business Name: \_\_\_\_\_ May we contact this Employer?

Your Occupation: \_\_\_\_\_ YES NO

\_\_\_\_\_  
Address, City, State, Zip Code

\_\_\_\_\_  
Supervisor Name Position Held Phone

Reason for leaving \_\_\_\_\_

**2.** From: \_\_\_\_\_ to \_\_\_\_\_

Business Name: \_\_\_\_\_ May we contact this Employer?

Your Occupation: \_\_\_\_\_ YES NO

\_\_\_\_\_  
Address, City, State, Zip Code

\_\_\_\_\_  
Supervisor Name Position Held Phone

Reason for leaving \_\_\_\_\_

**3.** From: \_\_\_\_\_ to \_\_\_\_\_

Business Name: \_\_\_\_\_ May we contact this Employer?

Your Occupation: \_\_\_\_\_ YES NO

\_\_\_\_\_  
Address, City, State, Zip Code

\_\_\_\_\_  
Supervisor Name Position Held Phone

Reason for leaving \_\_\_\_\_

Applicant Name \_\_\_\_\_

4. From: \_\_\_\_\_ to \_\_\_\_\_

Business Name: \_\_\_\_\_ May we contact this Employer?

Your Occupation: \_\_\_\_\_ YES NO

\_\_\_\_\_  
Address, City, State, Zip Code

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Position Held

\_\_\_\_\_  
Phone

Reason for leaving \_\_\_\_\_

5. From: \_\_\_\_\_ to \_\_\_\_\_

Business Name: \_\_\_\_\_ May we contact this Employer?

Your Occupation: \_\_\_\_\_ YES NO

\_\_\_\_\_  
Address, City, State, Zip Code

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Position Held

\_\_\_\_\_  
Phone

Reason for leaving \_\_\_\_\_

**Further Explanation Section**

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

**Signature & Authorization For Release of Information**

In order to obtain your uniform equipment, a refundable deposit of \$75.00 is required upon the completion date of my training. By initialing here I am simply acknowledging that I am aware of this deposit. (Initials: \_\_\_\_\_)

I hereby authorize the City of Saginaw to obtain from my current or former employer all data needed to support this application. I certify the information given by myself is true and complete to the best of my knowledge and belief. I understand that any falsification of material facts will be grounds to reject this application.

Applicant Signature: \_\_\_\_\_

Date \_\_\_\_\_

Applicant Name \_\_\_\_\_

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## Police Reserve – Release of Record Form

TO: Police Department of the City of Saginaw, Michigan

In connection with my application for a position with the City of Saginaw, I request that my criminal history record, if any, be investigated and that you deliver to the Saginaw Police Department, Uniform Operations Section, a letter stating my arrests, if any, which have resulted in a conviction and any information relative to any felony charge prior to conviction or dismissal as may be obtained from your departmental records or from any other source.

I hereby waive any and all rights, claims, causes or action, or damages which I may have against the City of Saginaw, your department, or any of your officers, employees, or agents by reason of the furnishing of such record or information.

\_\_\_\_\_  
Last, First, Initial (please print)

\_\_\_\_\_  
Address

Driver's License Number: \_\_\_\_\_

License State of Issue: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Signature

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witness Print Name: \_\_\_\_\_

This authorization for release of criminal history record of the applicant listed on this form is at the request of the Personnel Administrator.

Personnel Administrator: \_\_\_\_\_ Date \_\_\_\_\_



# CITY OF SAGINAW



Gerald H. Cliff Ph.D., Chief of Police • 612 Federal Avenue • Saginaw, MI 48607 • (989) 759-1229  
gcliff@saginaw-mi.com

## LIVESCAN FINGERPRINT REQUEST

Date Fingerprinted: \_\_\_\_\_ Type of picture ID presented: \_\_\_\_\_

Applicant Name \_\_\_\_\_  
Last, First, Middle

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Applicant Address \_\_\_\_\_  
Zip \_\_\_\_\_

Applicant Phone Number \_\_\_\_\_

## REQUESTING AGENCY INFORMATION

Agency ORI: MI7371700 Agency Name: Saginaw Police Dept

Reason Fingerprinted: CJ-Criminal Justice Employment

**\*\*Disclaimer: Any and all fingerprints processed with incorrect fingerprint codes/reasons, etc are the responsibility of the REQUESTING AGENCY. MSP will charge for second requests due to incorrect fingerprint reason\*\***

TCN# \_\_\_\_\_