



ANN ARBOR POLICE DEPARTMENT APPLICATION FOR CERT TEAM & TRAINING

INSTRUCTIONS:

- A. Failure to return this form properly completed, except for minor errors, will result in removal of your name from further consideration for this course or the County Team.
- B. Answer every question. Leave no blank spaces. If a question does not apply to you, write N/A (Not Applicable). Where an ANSWER line is provided, enter YES or NO.
- C. Personally typewrite or print this form: 1) legibly; and 2) in blue or black ink only. Be sure to sign on the last page.
- D. Where you are directed to give further details use the back of the page on which the question is listed.
 - 1. Put your name at the top of each sheet.
 - 2. Precede each answer with the number of the question being answered. More than one answer may be put on a sheet.

1.

Last Name	First Name	M.I.	List other names under which you have either been employed have a criminal record	Date of Birth

2. CURRENT ADDRESS

Street	Apt.	City	State and Zip	Home Phone Number	Business Phone Number

3.

3a. Social Security Number	3b. Operator's License Number
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Application for CERT TEAM & TRAINING
Continued

4. Have you ever been arrested, accused of breaking a law, taken into a police station for investigation or fingerprinted because of suspicion in any place, at any time in your life as a juvenile or adult? (If in doubt, answer "YES" and explain fully. Give date, place, charge and disposition. Failure to report this information can disqualify you.)

ANSWER

Date of Occurrence	City/Town and State	Charge	Disposition

5. RESIDENCES FOR THE PAST FIVE (5) YEARS (Start with the earliest address and include present one.) If more space is needed. list on back of this page.

FROM Month/ Year	TO Month/Year	Street Address and Apartment Number	City	State/ Zip Code	1.) If Renting: Name, address, and phone number of landlord 2.) Name(s), current address, phone number of persons living with you at the time.
					1.) 2.)
					1.) 2.)
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					1.) 2.)
					1.) 2.)



Application for CERT TEAM & TRAINING
Continued

8. EMPLOYMENT/UNEMPLOYMENT RECORD - List all employments (this is to include but not limited to volunteer positions) for the past five (5) years, including part-time jobs, accounting for all time since leaving high school, up to the present. If unemployed, show address of unemployment office you filed at. (Add additional sheets if needed.)

A.

From - To (Month and Year)	Exact Title Position	Your Duties	Number Supervised
Name of Employer		Mailing Address	Phone Number
Name and Title of Your Supervisor			Reason for Leaving

From - To (Month and Year)	Exact Title Position	Your Duties	Number Supervised
Name of Employer		Mailing Address	Phone Number
Name and Title of Your Supervisor			Reason for Leaving

9. ANY ADDITIONAL INFORMATION. Do you have any knowledge or information in addition to that specifically called for in the preceding questions, which is or may be relevant, directly or indirectly, in connection with an investigation of your eligibility for the course and county team including but not limited to, knowledge or information concerning your character, temperance, habits, employment, education, illegal subversive activities, family, illegal associations, criminal record, traffic violations, residence or otherwise? If YES, give details on separate sheet.

EQUAL OPPORTUNITY EMPLOYER

Washtenaw County and The City of Ann Arbor does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provisions of service.



RELEASE OF CONFIDENTIAL INFORMATION TO ANN ARBOR POLICE DEPARTMENT

APPLICANT'S NAME _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

I respectfully request and authorize any company, organization, hospital or doctor, or any employee of the same or any other person or organization to furnish to the Ann Arbor Police Department any and all information that you may possess or have knowledge of concerning my work record, school record, military record, reputation, financial or credit status, mental or physical fitness and abilities, or any other information you may possess that might be of use to the Ann Arbor Police Department in helping them assess my suitability for the CERT Training & COUNTY TEAM. Said information does include, but is not limited to, any and all medical, physical and mental records or reports and hospital records, including all information of a confidential or privileged nature, and reproductions of same if requested.

Signed and sworn before me on this

____ day of _____ 20____

Notary Public

Signature of Applicant

County of _____

Date _____

My commission expires on
