



**Eastern Michigan University Police Department**  
**1200 Oakwood Street EMU, Ypsilanti, MI 48197**  
**734-487-0892 Admin 734-487-1222 Dispatch**

**Authorization for Release of Personal Information**

I, \_\_\_\_\_, do hereby authorize a review of, and full disclosure of, all records concerning myself to any duly authorized agent of the Eastern Michigan University Police Department whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, medical and psychiatric treatment and/or consultation, employment, pre-employment and credit records including background reports, efficiency ratings, complaints or grievances filed by or against me.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Eastern Michigan University Department of Public Safety. I further understand that my date of birth will be used for identification purposes and not for the purpose of making a hiring decision based upon age as proscribed by the Age Discrimination in Employment Act of 1967, as amended.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original of my written signature.

\_\_\_\_\_  
Printed Full Name

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Witness Signature and Date



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**References:**

_____ Name	_____ Phone Number
_____ Name	_____ Phone Number
_____ Name	_____ Phone Number

**Education:**

_____ School Name	_____ Dates Attended
_____ School Name	_____ Dates Attended
_____ School Name	_____ Dates Attended

Have you ever been suspended or expelled from any high school or post-secondary school for more than (3) three months. Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" please explain:

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

List all police related training you have received:

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



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**Employment:**

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Dates Employed  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor Name  
\_\_\_\_\_  
Phone Number  
\_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Dates Employed  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor Name  
\_\_\_\_\_  
Phone Number  
\_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Dates Employed  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor Name  
\_\_\_\_\_  
Phone Number  
\_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Dates Employed  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor Name  
\_\_\_\_\_  
Phone Number  
\_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Have you ever been terminated from any place of employment? Yes \_\_\_\_\_ No \_\_\_\_\_



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**Legal:**

Have you ever been arrested, charged or convicted of a misdemeanor or felony, or are there any charges against you pending disposition? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes explain:

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**Motor Vehicle Operation:**

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

Expiration Date: \_\_\_\_\_

Name under which license granted: \_\_\_\_\_

Please list any other states where you have been licensed to operate a motor vehicle.

State: \_\_\_\_\_

Name under which license was granted: \_\_\_\_\_

State: \_\_\_\_\_

Name under which license was granted: \_\_\_\_\_

Have you ever been refused a driver's license by any state? Yes \_\_\_\_\_ No \_\_\_\_\_

Please Explain:

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Please List traffic citations (excluding parking citations) you have received with in the last (3) three years.

_____ Violation	_____ Location and Date
_____ Violation	_____ Location and Date
_____ Violation	_____ Location and Date



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**Motor vehicle Continued:**

Have you ever been involved as a driver in a motor vehicle accident within the last (4) four years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" please give details for each accident.

_____	_____
Location	Date
_____	_____
Injury or Non-injury	Police Agency
Citation Received: _____	

_____	_____
Location	Date
_____	_____
Injury or Non-injury	Police Agency
Citation Received: _____	

_____	_____
Location	Date
_____	_____
Injury or Non-injury	Police Agency
Citation Received: _____	

_____	_____
Location	Date
_____	_____
Injury or Non-injury	Police Agency
Citation Received: _____	

Has your license ever been suspended, revoked or placed on negligent probation? Yes \_\_\_\_ No \_\_\_\_

Have you ever had your motor vehicle registration revoked or suspended? Yes \_\_\_\_ No \_\_\_\_



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**General Information:**

Have you ever applied for a permit to carry a concealed weapon? Yes \_\_\_\_\_ No \_\_\_\_\_

Permit Granted? Yes \_\_\_\_\_ No \_\_\_\_\_

Purpose: \_\_\_\_\_

Membership in any organizations:

_____	_____
Organization	Type (Social, Fraternal, Professional, Etc.)

_____	_____
Organization	Type (Social, Fraternal, Professional, Etc.)

_____	_____
Organization	Type (Social, Fraternal, Professional, Etc.)

List any special licenses you hold (such as pilot, radio operator, scuba, etc.).

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If you are fluent in a foreign language (reading, speaking, understanding or writing), indicate in each area your degree of fluency (excellent, good or fair).

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List any other special skills or qualifications you may possess.

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**Additional Information:**

Do you have any knowledge of information, in addition to that specifically called for in the preceding questions, which is or which may be relevant, directly or indirectly, in connection with an investigation or your eligibility or fitness for the position applied for; including but not limited to knowledge or information concerning your character, temperance, habits, employment, education, subversive activities, family associations, criminal record, traffic violation, residence or otherwise?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If "Yes" give detail on separate sheet)

I understand that any appointment within the Department of Public Safety tendered to me will be contingent upon the result of a complete character and fitness investigation, and I am aware that withholding information or making false statements on this application will be basis for immediate disqualification from consideration for employment or termination of employment with the Eastern Michigan University Department of Public Safety. I agree to these conditions; and hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Eastern Michigan University Police Interns are required to work Saturdays, Sundays, Holidays and night-shifts. Working hours are determined by the Internship Coordinator from the Eastern Michigan University Police Department. Would you have any problems working weekends, holidays, evenings, or night-shifts?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please explain:

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