



# CITY OF OAK PARK

Steve Cooper, Director  
Department of Public Safety

**Mayor**  
Marian McClellan  
**Mayor Pro Tem**  
Paul Levine  
**Council Members**  
Michael Seligson  
Kiesha Speech  
Carolyn Burns  
**City Manager**  
Erik Tungate

## Public Safety Officer City of Oak Park

Oak Park Department of Public Safety is a consolidated Police & Fire Department.

**Applicants must have successfully completed 60 semester hours of college credit or have served a minimum of four years active duty military with an Honorable Discharge.**

Applicants must take and pass the MCOLES Reading and Writing test and the MCOLES Physical Fitness Test by June 15, 2015. Applicants must take the EMPCO written exam by June 14, 2015. EMPCO test results that are older than 12 months will not be accepted. Details about the MCOLES tests and EMPCO exam are included in the application packet.

Salary range is \$49,257 to \$70,367

Current work schedule 12-hour shifts/14 scheduled workdays a month  
Excellent fringe benefits and retirement plan

### Application Process:

Applications may be picked up in person at the Oak Park Public Safety Dept.  
13800 Oak Park Blvd., Oak Park MI 48237

An application may also be obtained by visiting the City of Oak Park website at:  
**[www.ci.oak-park.mi.us](http://www.ci.oak-park.mi.us)**

Applications must be returned by June 30th, 2015 at 4:00 p.m.

An ADA/Equal Opportunity Employer



# City of Oak Park

"The Family City"

Department of Public Safety  
Steve Cooper, Director

**Mayor**  
Marian McClellan  
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Paul Levine  
**Councilmen**  
Michael M. Seligson  
Carolyn Burns  
Kresha Speech

To all Public Safety Officer I Applicants: *Print Your Name* \_\_\_\_\_

Thank you for expressing interest in the Oak Park Department of Public Safety. In order to evaluate your background, experience and training please complete the following application.

In all areas that do not apply to you, indicate "N/A" for not applicable. Do not leave any section blank. If you run out of room, indicate on a separate sheet the additional information, beginning with the number of the question the information relates to.

The department will need copies of the following documents from all candidates; Items marked with an asterisk (\*) need to be certified copies and should be mailed directly to Lt. Shawn Tetler, Oak Park Public Safety 13800 Oak Park Blvd. Oak Park, MI 48237. If a delay is anticipated, bring unofficial transcripts with you.

- Birth Certificate, Certified Copy\*
- High School Diploma
- College Diploma(s) and Transcripts\*
- Service Discharge (DD-214) (if applicable)
- Valid Drivers License
- Proof of Citizenship (if applicable)
- Certificates from any MCOLES approved training (if applicable)
- First Aid Training cards/certificates
- EMT/Paramedic/First Responder State License (if applicable)
- Firefighter I&II Certificate (if applicable)

Certified candidates (those serving or have served as sworn officers) must also bring copies of the following;

- Academy Student Performance Record form TC-12 or TC-23
- Proof of MCOLES Certification
- A copy of their police I.D. (if still currently employed)

Certifiable candidates (those who have graduated from an MCOLES approved training academy, but not yet a sworn law enforcement officer) must also bring copies of the following;

- Academy Student Performance Record form TC-12 or TC-23
- MCOLES written test results
- MCOLES physical agility test results form TC-27

Non-Certified candidates must also provide copies of the following by the date of the interview;

- MCOLES written test results
- MCOLES physical agility test results form TC-27

After completing the application, read, initial, sign and date page 20 entitled "Appointment of Public Safety Officer I." Also read and sign the "Public Safety Officer I Job Description" and have the "Release of Confidential Information" form notarized. Additionally, complete the "Oral Interview Data Sheet" then return the entire package including this page, by June 8th, 2015.

# City of Oak Park Department of Public Safety

## Public Safety Officer I Applicant Background Questionnaire

### Personal

The following information is requested for verification and contact purposes:

Note: Complete all sections, if a section does not apply write N/A on line.

#### 1. Name:

\_\_\_\_\_  
Last, First, Middle

\_\_\_\_\_  
Other names, including maiden and nicknames you have used or been known by:

#### 2. Permanent Address:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Number and Street /Apartment Number City State Zip+4

#### 2a. School or Temporary Address:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Number and Street /Apartment Number City State Zip+4

#### 3. Telephone Numbers:

Home ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Best Time to Call \_\_\_\_\_ Best Time to Call \_\_\_\_\_

Cell ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ E-Mail \_\_\_\_\_  
Best Time to Call \_\_\_\_\_

#### 4. Date of Birth:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year (4 digit)

#### 5. U.S. Citizenship is required for this position;

*Proof of citizenship is required for this position*

Can you provide documentation? Yes \_\_\_\_\_ No \_\_\_\_\_

#### 6. Social Security Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are maintained. The SSN will be required upon employment by the city.*

#### 7. For the purposes of identification, please provide the following;

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Height Weight Hair Color Eye Color Scars, Marks, Tattoos or Distinguishing Marks

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Drivers License Number State of Issue Expiration Date



## Background Questionnaire

**9. Relatives, References and Acquaintances:** These persons may be contacted during a background investigation to comment on your suitability for this position.

Name	Address, Street	City, State, Zip+4	Home Phone #	Work/Cell #
Father				
Mother				
Spouse				
Dependent Child				
Step-Father				
Step-Mother				
Brother/Sister/Other				

## Background Questionnaire

**9a. Relatives, References and Acquaintances: *continued...***  
**Other relatives with whom you have a close personal relationship.**

Name	Address, Street	City, State, Zip+4	Home Phone #	Work/Cell #
Name				

**10. Excluding relatives, list those persons with whom you have resided with in the last 10 years.**

Name	Address, Street	City, State, Zip+4	Home Phone #	Work/Cell #
Name				

## Background Questionnaire

- 11. References:** Please list as references at least three individuals who have knowledge of you and your qualifications. Exclude relatives, former employers and fellow employees. Do not list more than 1 former teacher.

Name	Address, Street	City, State, Zip+4	Home Phone #	Work/Cell #
Name				

- 12. Friends and Social Acquaintances:** Please list at least 3 individuals whom you have seen frequently during the past five years, exclude relatives, and former or current fellow employees already listed.

Name	Address, Street	City, State, Zip+4	Home Phone #	Work/Cell #
Name				

- 13. Education:** Please complete the following three part section on education and training, attach additional pages if necessary.

I possess a high school diploma. \_\_\_\_\_

I possess a general education degree or G.E.D. \_\_\_\_\_

I have (circle #) 1 2 3 4 5 6 years of college education and \_\_\_\_\_ total credits.



## Background Questionnaire

13b. continued....

Date: Month/Year	Description of training:	What did you learn?

**14. Employment and Experience; Beginning with your most current employment, please list all jobs you have held in the past 15 years. Also include part time, temporary, military, voluntary and self employment you have had. Periods of unemployment or reserve/military time should be completed for those periods where there is a gap in employment. Make additional copies of page 9 if necessary.**

Dates of Employment	Employer Name/Address/Phone	Name of Supervisor/Salary
From ____/____ to ____/____ Month/Year      Month/Year	Name: Address: State/Zip: Phone:	Supervisor:  Salary: Start: _____ End: _____
____ Full Time ____ Part Time ____ Volunteer ____ Temporary	Job Title: Duties:  <i>Reason for Leaving:</i>	Names of Co-Workers:

\_\_\_\_ Military Service    \_\_\_\_ Not Employed    From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

## Background Questionnaire

14. Continued...

<b>Dates of Employment</b> From ____ / ____ to ____ / ____ Month/Year      Month/Year	<b>Employer Name/Address/Phone</b> Name: Address: State/Zip: Phone:	<b>Name of Supervisor</b> Supervisor:  Salary: Start: _____ End: _____
____ Full Time ____ Part Time ____ Volunteer ____ Temporary	Job Title: Duties:  <i>Reason for Leaving:</i>	<b>Names of Co-Workers:</b>

Military Service     Not Employed    From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

<b>Dates of Employment</b> From ____ / ____ to ____ / ____ Month/Year      Month/Year	<b>Employer Name/Address/Phone</b> Name: Address: State/Zip: Phone:	<b>Name of Supervisor</b> Supervisor:  Salary: Start: _____ End: _____
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Military Service     Not Employed    From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

<b>Dates of Employment</b> From ____ / ____ to ____ / ____ Month/Year      Month/Year	<b>Employer Name/Address/Phone</b> Name: Address: State/Zip: Phone:	<b>Name of Supervisor</b> Supervisor:  Salary: Start: _____ End: _____
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Military Service     Not Employed    From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

<b>Dates of Employment</b> From ____ / ____ to ____ / ____ Month/Year      Month/Year	<b>Employer Name/Address/Phone</b> Name: Address: State/Zip: Phone:	<b>Name of Supervisor</b> Supervisor:  Salary: Start: _____ End: _____
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Military Service     Not Employed    From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

## Background Questionnaire

14. Continued...

<b>Dates of Employment</b> From ____/____/____ to ____/____/____ Month/Year      Month/Year	<b>Employer Name/Address/Phone</b> Name: Address: State/Zip: Phone:	<b>Name of Supervisor</b> Supervisor:  Salary: Start: _____ End: _____
____ Full Time ____ Part Time ____ Volunteer ____ Temporary	Job Title: Duties:  <i>Reason for Leaving:</i>	Names of Co-Workers:

Military Service     Not Employed    From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Dates of Employment</b> From ____/____/____ to ____/____/____ Month/Year      Month/Year	<b>Employer Name/Address/Phone</b> Name: Address: State/Zip: Phone:	<b>Name of Supervisor</b> Supervisor:  Salary: Start: _____ End: _____
____ Full Time ____ Part Time ____ Volunteer ____ Temporary	Job Title: Duties:  <i>Reason for Leaving:</i>	Names of Co-Workers:

Military Service     Not Employed    From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Dates of Employment</b> From ____/____/____ to ____/____/____ Month/Year      Month/Year	<b>Employer Name/Address/Phone</b> Name: Address: State/Zip: Phone:	<b>Name of Supervisor</b> Supervisor:  Salary: Start: _____ End: _____
____ Full Time ____ Part Time ____ Volunteer ____ Temporary	Job Title: Duties:  <i>Reason for Leaving:</i>	Names of Co-Workers:

Military Service     Not Employed    From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Dates of Employment</b> From ____/____/____ to ____/____/____ Month/Year      Month/Year	<b>Employer Name/Address/Phone</b> Name: Address: State/Zip: Phone:	<b>Name of Supervisor</b> Supervisor:  Salary: Start: _____ End: _____
____ Full Time ____ Part Time ____ Volunteer ____ Temporary	Job Title: Duties:  <i>Reason for Leaving:</i>	Names of Co-Workers:

Military Service     Not Employed    From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

## Background Questionnaire

14. Continued...

<b>Dates of Employment</b> From ____ / ____ to ____ / ____ Month/Year      Month/Year	<b>Employer Name/Address/Phone</b> Name: Address: State/Zip: Phone:	<b>Name of Supervisor</b> Supervisor:  Salary: Start: _____ End: _____
____ Full Time ____ Part Time ____ Volunteer ____ Temporary	Job Title: Duties:  <i>Reason for Leaving:</i>	Names of Co-Workers:

Military Service     Not Employed    From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

<b>Dates of Employment</b> From ____ / ____ to ____ / ____ Month/Year      Month/Year	<b>Employer Name/Address/Phone</b> Name: Address: State/Zip: Phone:	<b>Name of Supervisor</b> Supervisor:  Salary: Start: _____ End: _____
____ Full Time ____ Part Time ____ Volunteer ____ Temporary	Job Title: Duties:  <i>Reason for Leaving:</i>	Names of Co-Workers:

Military Service     Not Employed    From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

<b>Dates of Employment</b> From ____ / ____ to ____ / ____ Month/Year      Month/Year	<b>Employer Name/Address/Phone</b> Name: Address: State/Zip: Phone:	<b>Name of Supervisor</b> Supervisor:  Salary: Start: _____ End: _____
____ Full Time ____ Part Time ____ Volunteer ____ Temporary	Job Title: Duties:  <i>Reason for Leaving:</i>	Names of Co-Workers:

Military Service     Not Employed    From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

<b>Dates of Employment</b> From ____ / ____ to ____ / ____ Month/Year      Month/Year	<b>Employer Name/Address/Phone</b> Name: Address: State/Zip: Phone:	<b>Name of Supervisor</b> Supervisor:  Salary: Start: _____ End: _____
____ Full Time ____ Part Time ____ Volunteer ____ Temporary	Job Title: Duties:  <i>Reason for Leaving:</i>	Names of Co-Workers:

Military Service     Not Employed    From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

## Background Questionnaire

15. Would any problem result if your present employer was contacted during the course of a background investigation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "No" is checked, when should such contact be made?

16. Have you ever had any extended work absences, other than earned vacations? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes" then please explain.

17. Have you ever been the subject of disciplinary action at school or a job, including "counseling" suspensions or write-up. \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes" then please explain.

18. Have you ever been fired or asked to resign from any employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes" then please explain.

19. Have you ever applied for a police, fire or public safety officer job before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes" then please explain.

20. Have you ever served in the Armed Forces of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes" was your discharge honorable? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently in the Reserves or National Guard? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(A copy of your DD214 must be attached)

21. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, reserves or guard? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes" then please explain.

22. Have you ever been required to register for the draft? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Did you register for the draft as required? \_\_\_\_\_ Yes \_\_\_\_\_ No

## Background Questionnaire

**23. Organizational Affiliation: Were you ever or are you now a member of any Civic, professional or social organization? \_\_\_\_\_ Yes \_\_\_\_\_ No**  
**If "yes" then please list.**

Name of Organization	Address, City, State, Zip+4	Dates from/to a member?	Type of Organization

**Are you now, or have you ever been a member of The Communist Party USA, or any communist or fascist organization, any foreign or domestic terrorist organization, terrorist fund raising organization, association, movement, group of persons, or combinations of groups of persons which is totalitarian, fascist, communist, terrorist or subversive which has adopted or shows a policy of advocating or approving the commission of acts of force of violence to deny other persons their rights under the constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional or unlawful means?**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**If "yes" then please explain.**



## Background Questionnaire

**25. Additional Income:** List any income other than that noted under current employment.

- a. Second Job \_\_\_\_\_
- b. Military Reserve \_\_\_\_\_
- c. Alimony \_\_\_\_\_
- d. Other (specify) \_\_\_\_\_

**26. Legal:** Please complete the following sections completely.

**26a. Criminal Complaints:** Excluding civil traffic contacts (speeding, etc.) list every contact you have ever had at any time in your life with any law enforcement agency, including contacts as a juvenile. Also list arrests, accusations of breaking the law, complaints made by school officials to law enforcement about you or any other contact.

Date/Year	Police Agency	Charge/Nature of Complaint	Disposition

**26b. Civil/Administrative:** List all incidents in which you were a complainant or witness in a criminal case or a witness in an administrative hearing, (except as listed above) or a witness in a grand jury.

Date/Year	Agency	Charge/Nature of Complaint	Disposition

## Background Questionnaire

26c. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes" then please explain.

26d. Have you ever applied to be bonded? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes" then were you accepted and if not why?

27. **Motor Vehicle Operation: Having a valid license or obtaining a license prior to appointment is a requirement for this position. Please complete the following sections regarding driving and licensure.**

27a. Have you ever had a driver's license in another state.  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes" where and when? \_\_\_\_\_

27b. If you have ever had a license under any other name, what was that name? \_\_\_\_\_

27c. Please list all traffic violations received and motor vehicle accidents you have ever been involved in beginning with the most recent:

Date/Year	Agency	Charge/Nature of Complaint	Disposition

## Background Questionnaire

27d. Has your license ever been suspended, revoked or placed on probation?  Yes  No

If "yes" then please explain.

27e. Do you currently have any unpaid parking or other tickets pending against you?  Yes  No

If "yes" then please explain.

27f. Have you ever had your motor vehicle registration revoked or has a 2<sup>nd</sup> offender temporary plate ever been issued to a vehicle you own?  Yes  No

If "yes" then please explain.

28. **Corporate Ownership:** List every license you hold, corporation or partnership of which you are an officer, director, or partner; either filed for, possessed, or acted as a sponsor for, voucher for, character witness for and including professional licenses you or another applied for whether received or not.

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29. **Applications with other government agencies:** List every application you have made with a governmental or quasi-governmental agency or authority, i.e. another police agency sheriff's department, federal security or law enforcement agency.

Date	Agency Name	Position	Status (tested, interviewed, on list etc.)	If rejected, reason ?



## Background Questionnaire

33. **Performance of Duties:** Do you have any religious or other beliefs which would prevent you from fully performing the duties of a public safety officer, including working at night, weekends, shift work, holidays etc.? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes" then please explain.

34. **Additional Information:** Do you have any additional information which may be relevant, directly or indirectly, in connection with an investigation of your eligibility or fitness for the position applied for; including but not limited to knowledge or information concerning your character, physical or mental condition, temperance, habits, employment history, education, illegal or subversive activities, illegal associations, criminal record, traffic violations, residence or otherwise?

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

If "yes" then please explain.

## Background Questionnaire

### 35. Appointment of Public Safety Officer I: Read each paragraph, initial next to each and sign at the bottom.

I understand that all appointments are probationary, during which time the employee must demonstrate his/her fitness for continued employment by the City of Oak Park.

\_\_\_\_\_ Initial

I understand that any appointment tendered me will be contingent upon the result of a complete character and fitness investigation, I also understand and agree that information provided in this application will be relied upon by the City of Oak Park Department of Public Safety in considering me for employment and I hereby certify that all information is true and correct and I have not knowingly omitted any information. I further understand that any false or misleading statements or omissions made by me on this application or in other city records, at any time during my employment may subject me to disqualification from consideration in hiring and dismissal at any time during my employment.

\_\_\_\_\_ Initial

I hereby authorize the City of Oak Park Department of Public Safety to conduct a thorough investigation of my past employment and activities. I also authorize the City of Oak Park Department of Public Safety, prior or during my employment with the city to obtain an investigative consumer credit report. I agree to cooperate in such investigation and I release the City of Oak Park Department of Public Safety and any person, organization, employer or corporation supplying information to the City of Oak Park Department of Public Safety in such an investigation of and from liability in connection with furnishing or use of such information.

\_\_\_\_\_ Initial

I understand that as a condition of employment by the City of Oak Park Department of Public Safety, I must successfully pass a medical screening including a drug screening test. I further authorize the City of Oak Park Department of Public Safety to obtain medical information for employment purposes. I understand that this position shall subject me to ongoing and random drug and alcohol screening at the discretion of the employer.

\_\_\_\_\_ Initial

The law requires that a person with disabilities needing accommodations for employment must notify the employer, in writing, within 182 days after the need is known. If you need accommodations in order to take a test during the recruitment process, you must notify the personnel office, in writing, of the need for accommodations within 6 days of notice of the exam.

\_\_\_\_\_ Initial

I understand that if I am hired, that my employment is terminable, at will, and as such, I realize that I may be discharged with or without cause. I understand that no oral representations or written statements contained in personnel policies are intended to or may be interpreted as contradicting to the term of this "at will" employment contract.

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

*The City of Oak Park is an Equal Opportunity Employer*

*The city of Oak Park, upon reasonable advance notice, will provide support and make reasonable accommodations to assist people with disabilities to access facilities and participate in city services.*

**Michigan Commission on Law Enforcement Standards**  
 106 West Allegan Suite 600, Lansing, MI 48909  
 (517) 322-1417

**APPLICANT INFORMATION SHEET AND  
 AUTHORIZATION FOR RELEASE OF INFORMATION**

*Type or print only:*

Name: Last:	First:	Middle:	Suffix (Jr, Sr, III):
Social Security No.*:	Date of Birth:	Gender <sup>‡</sup> :	Race <sup>‡</sup> :
Residence Address (Street, City, State, Zip):		Phone No.:	Highest Degree:
Drivers License No.:	Issuing State:	E-Mail:	

*Authorization for release of information:*

I hereby authorize any individual, agency or organization to furnish the Michigan Commission on Law Enforcement Standards, its representatives and/or agents (including, but not limited to, its academies or contractors) any and all information pertaining to my background and ability to comply with the standards for selection, employment, training and licensing as a law enforcement officer. Such information includes, but is not necessarily limited to: employment, criminal, academic, military, and personal histories; academic, attendance, and driving records; and medical records (includes medical/emotional, including diagnosis and prognosis, if any).

I hereby authorize any individual, agency or organization to release such information upon request. This authorization is executed with the full knowledge and understanding that the information is for official use by the Michigan Commission on Law Enforcement Standards.

Further, I hereby authorize the Michigan Commission on Law Enforcement Standards to release any and all records collected pursuant to this authorization to any individual, agency or organization for the legitimate purposes of fulfilling the Commission's statutory and administrative objectives.

I hereby release any individual, agency or organization, including its officers, employees and related personnel, both individually and collectively, from any and all damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it.

This Authorization shall continue in effect until revoked by me in writing. A photostatic copy of this Authorization shall have the same force as the original.

Signature:	Today's Date:
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AUTHORITY:	203 PA 1965
COMPLIANCE:	Voluntary
PENALTY:	No License Activation/ Academy Enrollment

* This information is confidential. Confidential information is protected by the Federal Privacy Act.
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‡ This information is for the purposes of EEO reporting only.
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**Release of Confidential Information To  
Oak Park Department of Public Safety**

Applicant's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

I respectfully request and authorize any person, company, organization, hospital, Doctor, or any employee of same; to furnish to the Oak Park Public Safety Department any and all information that you may possess or have knowledge of, concerning myself.

This information may concern 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 Oak Park Department of Public Safety in helping them to assess my suitability for employment. This information includes but is not limited to any and all medical, physical, hospital records or reports; including all information of a confidential or privileged nature and reproduction of same, if requested.

**I HEREBY RELEASE YOU AND YOUR ORGANIZATION, AND ANY AND ALL OTHERS FROM ANY LIABILITY OR DAMAGE WHICH MAY RESULT FROM FURNISHING THE INFORMATION REQUESTED BY THE OAK PARK DEPARTMENT OF PUBLIC SAFETY.**

Signed and sworn before me on this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

County of \_\_\_\_\_  
My Commission expires on \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# Background Questionnaire

## OAK PARK DEPARTMENT OF PUBLIC SAFETY

### ORAL INTERVIEW DATA SHEET

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Answer each question by a check mark under the appropriate answer of 'YES', 'NO', or 'NA.' (Not Applicable); or with the approximate number or dollar amount. Be accurate in your answers, as you may be disqualified for falsification.

	<u>YES</u>	<u>NO</u>	<u>N.A.</u>
1. Is this your first application for Public Safety/Police work	_____	_____	_____
2. Have you been in the Armed Forces?	_____	_____	_____
3. What is your present military status?	_____		
4. Were you ever disqualified for Military service?	_____	_____	_____
5. Were you ever disciplined in the Military?	_____	_____	_____
6. Did you receive an honorable discharge from the military service?	_____	_____	_____
7. Were you ever discharged or asked to resign from any employment?	_____	_____	_____
8. Has any employer ever treated you unfairly?	_____	_____	_____
9. Estimate the amount of money that you pay out each month (bills, loans, etc.)	\$ _____		
10. What is your present take-home pay each month?	\$ _____		
11. What is the amount of your total indebtedness?	\$ _____		
12. How many jobs have you had since high school?	_____		
13. Have you ever had property repossessed?	_____	_____	_____
14. Have you ever been refused credit?	_____	_____	_____

## Background Questionnaire

	<u>YES</u>	<u>NO</u>	<u>N.A.</u>
15. Have you ever declared bankruptcy?	_____	_____	_____
16. Do you have any experience working rotating shifts?	_____	_____	_____
17. Do you have any relatives or friends employed as police officers or firefighters?	_____	_____	_____
18. Do you understand that you must successfully complete all training, with a 15-month probationary period, if employed?	_____	_____	_____
19. Have you ever had any serious family problems?	_____	_____	_____
20. Were you ever arrested or detained for investigation by any police agency?	_____	_____	_____
21. Has any member of your family ever been arrested for any charge other than traffic violations.	_____	_____	_____
22. Has anyone ever sued you?	_____	_____	_____
23. Excluding parking violations, how many traffic violations have you had in the last 3 years?	_____	_____	_____
24. How many accidents have you had while driving a motor vehicle?	_____	_____	_____
25. Has your driving privilege ever been suspended or revoked?	_____	_____	_____
26. Has your car insurance ever been cancelled?	_____	_____	_____
27. Do you use narcotics, marijuana or other drugs habitually, or experimentally except as prescribed by a physician.	_____	_____	_____
28. Do you ever use alcoholic beverages excessively?	_____	_____	_____
29. Has the use of alcohol or drugs ever caused any problems in your work or personal life?	_____	_____	_____

## **JOB TITLE: PUBLIC SAFETY OFFICER I**

### **SUMMARY OF FUNCTION**

To protect life and property through the enforcement of laws and ordinances and the performance of general fire fighting work; to perform specialized duties under emergency conditions; to perform a variety of housekeeping and maintenance chores; and to perform work as required.

### **DESCRIPTION**

**ESSENTIAL TASKS:** An employee in this class may be called upon to do any or all of the following (these examples do not include all of the tasks which the employee may be expected to perform):

Enforce the laws and ordinances of the City of Oak Park and the laws of the State of Michigan.

Operate motorized public safety equipment in assigned areas.

Stand in roadways and direct and control traffic.

Write violation tickets and conduct physical search and arrest of suspects.

Operate two-way radio equipment dispatching officers and emergency vehicles to the scene of crimes or accidents.

Receive requests for assistance and handle complaints made in person or by the telephone.

Investigate accidents, administer first-aid and arrange for transportation of injured persons.

May act as a school crossing guard as required.

Transport prisoners to courts or jail facilities.

Provide verbal testimony in court.

Operate all photographic equipment.

Prepare and maintain accurate written records and reports as required.

Investigate complaints and violations of the law.

Verbally interview suspects, prisoners, complainants and witnesses to obtain information and evidence.

Search for and preserve evidence at the scene of crimes.

Perform follow-up investigation as necessary.

Respond to fire alarms, lay and connect hose lines and perform related firefighting activities.

Drive fire apparatus to scene of fire and operate ladders, utilize axes, shovels, extinguishers and other pieces of firefighting equipment in controlling and extinguishing fires.

Pump water at the proper pressure; visually monitor operation of pump and motor to make necessary changes or adjustments.

Operate automatic emergency defibrillation as required.

Conduct fire prevention inspections.

Initial \_\_\_\_\_

**JOB TITLE: PUBLIC SAFETY OFFICER I**

**SUPPLEMENTAL TASKS:**

Take fingerprints.  
Serve subpoenas and warrants.  
Perform general maintenance work in the care and upkeep of firefighting equipment.  
Respond to department call in case of emergency.  
Perform related work as required.

**KNOWLEDGE, SKILLS AND ABILITIES**

- ❖ Must meet the employment standard for Michigan Law Enforcement Officers, published by the Michigan Commission on Law Enforcement Standards (MCOLES). Must pass fit testing/medical clearance exam per federal OSHA standard.
- ❖ Must have successfully completed 60 semester hours of college credit or 90 quarter hours, the equivalent of a beginning third year college student.
- ❖ Must have ability to successfully complete the basic fire training curriculum at a Michigan Firefighters Training Council approved school; and successfully attain Firefighters Level II certification.
- ❖ Must successfully complete an approved Medical First Responder course, pass the State Examination and attain licensure as a Medical First Responder from the Michigan Department of Consumer and Industry Services.
- ❖ Possess a valid Michigan Operator's License upon appointment. Driving record must be acceptable.

I have read, and understand, the above information.

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



# MCOLES

Michigan Commission on Law Enforcement Standards

## PRE-ENROLLMENT PHYSICAL FITNESS TEST SCHEDULE FOR LAW ENFORCEMENT CANDIDATES

Revised 5/04/2015

May 2015 – December 2015

CANDIDATES SHOULD CONTACT THE TEST CENTER DIRECTLY TO REGISTER FOR THE PRE-ENROLLMENT TEST  
**PHOTO ID IS REQUIRED FOR ADMISSION TO TESTING**

UPPER PENINSULA				
REGIONAL TEST CENTER	CONTACT/PHONE	NOTE	APPLY BY	TEST DATE
<b>LAKE SUPERIOR STATE UNIVERSITY</b> Law Enforcement & Criminal Justice Sault Ste. Marie, MI 49783	Prof. Herb Henderson, Director  Janine Murray (906) 635-2384	Testing begins at 8:00 AM., Norris Center Room 212	<b>Seven (7) days            prior to test</b>	
<b>NORTHERN MICHIGAN UNIVERSITY</b> Public Safety Institute 1401 Presque Isle Avenue Marquette, MI 49855	Darlene Kyto Test Registrar <a href="mailto:dkyto@nmu.edu">dkyto@nmu.edu</a>  Kenneth Love, Coordinator <a href="mailto:klove@nmu.edu">klove@nmu.edu</a>  (906) 227-1408	Testing begins at 8:00 AM in the Izzo- Marriuci Room	<b>Three (3) days            prior to test.</b>  <b>Payment of            \$45.00 dollars            will be taken            prior to the test.            Exact cash            amount and            checks written            to Northern            Michigan            University will            be accepted.            Must have            photo            identification            and Physical            Fitness Health            Screening Form            signed by a            physician.</b>	
SOUTHEAST MICHIGAN				
REGIONAL TEST CENTER	CONTACT/PHONE	NOTE	APPLY BY	TEST DATE
<b>MACOMB COMMUNITY COLLEGE</b> Macomb Regional Police Academy East Campus 21901 Dunham Road Clinton Twp., MI 48036	Karen Graunstadt Test Registrar  (586) 498-4060 <a href="mailto:graunstadt@macomb.edu">graunstadt@macomb.edu</a>	All testing begins promptly at 8:00 AM at the East Campus.  Located at 21901 Dunham Rd. Clinton Twp., MI 48036	<b>All applications            &amp; payment are            due by 4:00 PM,            Thursday            before the test.</b>	Sat., June 6 Sat., July 11 Sat., Aug. 1 Sat., Sept. 12 Sat., Oct. 3 Sat., Nov. 7 Sat., Dec. 5



# MCOLES

Michigan Commission on Law Enforcement Standards

## PRE-ENROLLMENT PHYSICAL FITNESS TEST SCHEDULE FOR LAW ENFORCEMENT CANDIDATES

CANDIDATES SHOULD CONTACT THE TEST CENTER DIRECTLY TO REGISTER FOR THE PRE-ENROLLMENT TEST  
**PHOTO ID IS REQUIRED FOR ADMISSION TO TESTING**

### SOUTHEAST MICHIGAN (Cont'd)

REGIONAL TEST CENTER	CONTACT/PHONE	NOTE	APPLY BY	TEST DATE
<b>OAKLAND COMMUNITY COLLEGE</b> <b>Oakland Police Academy</b> Building J, Room 102 2900 Featherstone Road Auburn Hills, MI 48326-2845	Joe Marchetti Test Registrar  (248) 232-4221	Test orientation will begin promptly @ 8:00 AM. Candidates taking the physical agility are to report to the Auburn Hills Campus, 2900 Featherstone Rd., "J" Building, Room 102	<b>Applications and payments are due by 1:00 PM on the Wednesday prior to the test date and may be sent or dropped off to the office prior to the test date.</b>	Sat., May 9 Sat., June 27 Sat., July 25 Sat., Sept. 12 Sat., Oct. 10 Sat., Nov. 14 Sat., Dec. 12
<b>WASHTENAW COMMUNITY COLLEGE</b> <b>Public Service Training</b> 4800 East Huron River Drive Ann Arbor, MI 48106	Larry Jackson, Director or Donna O'Connor <a href="mailto:doconnor@wccnet.edu">doconnor@wccnet.edu</a> (734) 677-5024  <b>Preferred Method of Contact is via e-mail:</b> <a href="mailto:doconnor@wccnet.edu">doconnor@wccnet.edu</a>	Registration at 8:30 AM. Testing at 9:00 AM. Testing will be conducted at Ypsilanti High School, 2095 Packard Rd, Ypsilanti.	<b>E-mail your name, phone number, and date of the test you are registering for to <a href="mailto:doconnor@wccnet.edu">doconnor@wccnet.edu</a> at least 2 days before the test. Payment: \$45.00 in exact change or a money order made payable to WCC on the day of the test. Documents Required: Completed Physical Fitness Exam Health Screening Form signed by a physician and photo ID.</b>	Sun., May 10 Sun., June 14
<b>WAYNE COUNTY REGIONAL POLICE ACADEMY</b> <b>Schoolcraft College</b> 31777 Industrial Road Livonia, MI 48150	Police Academy Staff  (734) 462-4306	Testing begins promptly at 8:00 AM. Arrive 10 minutes early to register.  Location: Schoolcraft College Public Safety Training Complex, Academy Training Center (ATC), Room 104, 31777 Industrial Road, Livonia, MI 48150	<b>Applications are due with money order by the <u>Friday</u> before the test date by 4:00 PM.</b>	Sun., May 17 Sun., June 7 Sun., August 9 Sun., Sept 13 Sun., Oct 11 Sun., Nov 1 Sun., Dec 6



# MCOLES

Michigan Commission on Law Enforcement Standards

## PRE-ENROLLMENT PHYSICAL FITNESS TEST SCHEDULE FOR LAW ENFORCEMENT CANDIDATES

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### LOWER PENINSULA

REGIONAL TEST CENTER	CONTACT/PHONE	NOTE	APPLY BY	TEST DATE
<b>DELTA COLLEGE</b> Criminal Justice Training Center 1961 Delta Road, Room N-102 University Center, MI 48710	Dawn Jurik Test Registrar  (989) 686-9176	Testing begins promptly at 2:00 PM at the Delta College Pioneer Gym, Room N-110,	All payments for testing must be made before 4:00 PM, on the Thursday -- one full week prior -- to the test date.	Sun., May 17 Sat., June 20 Sat., July 11 Sun., Aug. 16 Sun., Sept. 13 Sun., Oct. 11 Sun., Nov. 8 Sun., Dec. 13
<b>FERRIS STATE UNIVERSITY</b> Law Enforcement Programs 501 Bishop Hall 1349 Cramer Circle Big Rapids, MI 49307	Susan Pennock Test Registrar  (231) 591-5080	Contact Sue Pennock for test times @ (231) 591-5080	Seven (7) days prior to test	
<b>MOTT COMMUNITY COLLEGE</b> Law Enforcement Regional Training Academy  2100 West Thompson Fenton, MI 48430	LERTA Coordinator William Browne Test Registrar  (810 ) 232-2822	Testing begins promptly at 9:00 AM at the MCC Southern Lakes Branch Campus, C Building, 2100 West Thompson Rd., Fenton  Cost \$45.	Seven (7) days prior to test	Sat., May 9 Sat., June 13 Sat., July 11
<b>GRAND RAPIDS COMMUNITY COLLEGE</b> DeVos Campus, White Hall 415 E. Fulton NE Grand Rapids, MI 49503	Rachel Crapo <a href="mailto:rcrapo@grcc.edu">rcrapo@grcc.edu</a>  616-234-4280	All tests will be held in the Ford Field House, located at the corner of Lyon and Bostwick Ave., @ 8:00 AM.  Tests are limited to 20 participants per date, so register soon.	E-mail Rachel Crapo at <a href="mailto:rcrapo@grcc.edu">rcrapo@grcc.edu</a> to register at least 4 days before the test. Payment should be made the day of the test. You must have \$45.00 in exact change or a check written out to GRCC Police Academy and a completed Physical Fitness Exam Health Screening Form signed by a physician.	
<b>GRAND VALLEY STATE UNIVERSITY</b> School of Criminal Justice 2 <sup>nd</sup> Floor, DeVos Center 401 W. Fulton Grand Rapids, MI 49504-6495				
<b>KALAMAZOO VALLEY COMMUNITY COLLEGE</b> Kalamazoo Regional Recruit Academy 6767 West "O" Avenue PO Box 4070 Kalamazoo, MI 49003-4070	Larry Belen, Director  Jen Woodstock <a href="mailto:jwoodstock@kvcc.edu">jwoodstock@kvcc.edu</a>	Candidates who are taking only the Physical Agility need to report to Room 3260 by 8:00 AM for orientation.	Two (2) days prior to test	Thurs., May 7 Thurs., May 28



# MCOLES

Michigan Commission on Law Enforcement Standards

## PRE-ENROLLMENT PHYSICAL FITNESS TEST SCHEDULE FOR LAW ENFORCEMENT CANDIDATES

CANDIDATES SHOULD CONTACT THE TEST CENTER DIRECTLY TO REGISTER FOR THE PRE-ENROLLMENT TEST  
**PHOTO ID IS REQUIRED FOR ADMISSION TO TESTING**

### LOWER PENINSULA (cont'd)

REGIONAL TEST CENTER	CONTACT/PHONE	NOTE	APPLY BY	TEST DATE
<b>KELLOGG COMMUNITY COLLEGE</b> 450 North Avenue Battle Creek, MI 49017	Criminal Justice Program Staff  (269) 965-3931 Ext. 2216 <a href="mailto:crju@kellogg.edu">crju@kellogg.edu</a>	<b>PLEASE NOTE:</b> The test will be held in the Miller Gym and will begin at 12:00 noon. <b>Application form can be found on KCC's Web site @ <a href="http://www.kellogg.edu/criminaljustice">www.kellogg.edu/criminaljustice</a> or by contacting the Criminal Justice Program office at 269-965-3931 Ext. 2216.</b>	<b>Application must be received by 4:00 PM Wednesday prior to the test date. Cancellations should also be received by this time.</b>	Sat., May 16 Sat., June 6 Sat., June 27
<b>KIRTLAND COMMUNITY COLLEGE</b> 10775 N. St. Helen Roscommon, MI 48653	Careers in Public Safety <a href="mailto:cps@kirtland.edu">cps@kirtland.edu</a>  (989) 275-5000 Ext.348	Test begins at 10:30 AM., CRAF Center, Roscommon, MI.	<b>Three (3) days prior to test</b>	Fri., May 29 Fri., June 19
<b>LANSING COMMUNITY COLLEGE</b> 3500W Mid-Michigan Police Academy PO Box 40010 Lansing, MI 48909-7210	Andy Lindeman Test Registrar  <b>Preferred method of contact is by e-mail.</b> <a href="mailto:lindea@lcc.edu">lindea@lcc.edu</a> (517) 483-5253	Testing begins promptly at 8:30 AM. <b>Please note: Testing on May 12 starts promptly at 7:00 PM.</b>  <b>Report to:</b> West Campus Fitness Center 5708 Cornerstone Drive, Lansing, MI 48917  <b>To register for testing go to:</b> <a href="https://secure.touchnet.com/C20118_ustores/web/store/main.jsp?STOREID=18">https://secure.touchnet.com/C20118_ustores/web/store/main.jsp?STOREID=18</a>	<b>Seven (7) days prior to the test.</b>	<b>Tues., May 12 @ 7:00 PM</b> Sat., May 16 Fri., June 5 Fri., July 10 Fri., Aug. 7 Fri., Sept. 4 Fri., Oct. 2 Fri., Nov. 6 Fri., Dec. 4
<b>NORTHWESTERN MICHIGAN COLLEGE</b> Social Sciences Division 1701 E. Front Street Traverse City, MI 48684	Brian Heffner, Director (231) 995-1283 or  Cindy DUBY, Office Manager (231) 995-1290	<b>Arrive at least 15 minutes before test start time.</b> Testing begins promptly at the published start time in the Gymnasium at the east end of campus.	<b>Seven (7) days prior to test</b>	Sat., June 13 @ 12 Noon Tues., August 4 @ 10:00 AM
<b>WEST SHORE COMMUNITY COLLEGE</b> 3000 N. Stiles Road Scottville, MI 49454	Dan Dellar, Director Test Registrar  (231) 843-5831	WSSC Campus, Recreation Center Gymnasium, \$40. 10:00 AM.	<b>Registration Deadline: 48 hours prior to test.</b>	



## Registration

[main menu](#)

To begin registration using a credit card, select a test administration from the list provided below. If you do not want to pay online with a credit card, you may pay with a money order (note that money orders must be received by PBS two weeks in advance to ensure proper registration). To access a printable registration form, to be returned with your money order, click [here](#). You can also obtain this form by calling PBS toll-free at 1-877-422-4092.

Click on a column header to search by date or location. You can also click on a location to retrieve a map.

Find Administration From a Complete List

<u>Date</u>	<u>Time</u>	<u>Location*</u>	<u>Open Seats</u>	
5/14/2015	5:00pm	<a href="#">Lansing Community College</a>	5	<a href="#">select</a>
5/16/2015	8:00am	<a href="#">Oakland Police Academy</a>	20	<a href="#">select</a>
5/16/2015	8:30am	<a href="#">Kellogg Community College</a>	19	<a href="#">select</a>
5/16/2015	9:00am	<a href="#">MOTT Community College</a>	22	<a href="#">select</a>
5/17/2015	9:00am	<a href="#">Washtenaw Community College</a>	16	<a href="#">select</a>
5/17/2015	11:00am	<a href="#">Wayne Cty. Regional Police Academy</a>	32	<a href="#">select</a>
5/17/2015	2:00pm	<a href="#">Delta College</a>	8	<a href="#">select</a>
5/28/2015	9:00am	<a href="#">Kalamazoo Valley Community College</a>	24	<a href="#">select</a>
6/3/2015	6:30pm	<a href="#">Macomb Police Academy</a>	34	<a href="#">select</a>
6/5/2015	12:30pm	<a href="#">Lansing Community College</a>	14	<a href="#">select</a>
6/6/2015	8:30am	<a href="#">Kellogg Community College</a>	20	<a href="#">select</a>
6/6/2015	9:00am	<a href="#">MOTT Community College</a>	25	<a href="#">select</a>
6/6/2015	12:30pm	<a href="#">Macomb Police Academy</a>	34	<a href="#">select</a>
6/7/2015	11:00am	<a href="#">Wayne Cty. Regional Police Academy</a>	39	<a href="#">select</a>

# EMPCO Test

## Upcoming Tests

The following is a list of upcoming tests. To view test times, details of test locations, or to sign-up and pay for one of these tests, you must first login

Date	Test Site	Test Type
2015-05-12	Kellogg Community College	Police
2015-05-12	Empco, Inc.	Police
2015-05-12	Empco, Inc.	Police
2015-05-14	Waterford Police Department Test Site	Police
2015-05-14	Empco, Inc.	Police
2015-05-16	Macomb Police Academy	Police
2015-05-16	Grand Valley State Univ. - Pew Campus	Police
2015-05-18	Empco, Inc.	Police
2015-05-18	Empco, Inc.	Police
2015-05-19	Kirtland Community College	Police
2015-05-19	Empco, Inc.	Police
2015-05-19	Empco, Inc.	Police
2015-05-20	Waterford Police Department Test Site	Police
2015-05-21	Empco, Inc.	Police
2015-05-26	Empco, Inc.	Police
2015-05-26	Empco, Inc.	Police
2015-05-28	Waterford Police Department Test Site	Police
2015-05-28	Empco, Inc.	Police
2015-06-04	Macomb Police Academy	Police
2015-06-08	Macomb Police Academy	Police
2015-06-10	Kellogg Community College	Police
2015-06-11	Macomb Police Academy	Police
2015-06-13	Olivet College	Police

① Go to:  
empco.net

② Register as a  
"New Candidate"

③ Enroll in a test