



CITY OF OAK PARK

Steve Cooper, Director
Department of Public Safety

Mayor
Marian McClellan
Mayor Pro Tem
Solomon Radner
Council Members
Carolyn Burns
Ken Rich
Regina Weiss
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 May 12, 2018.

Salary range is \$55,148 to \$78,787
Current work schedule 12-hour shifts
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.oakparkmi.gov or the application page at <http://bit.ly/OPPSEmpApp>

Applications must be returned by May 13, 2018 at 4:00 p.m.

An ADA/Equal Opportunity Employer



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To All Public Safety Officer 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 Department, 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 Driver's 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 May 13, 2018.

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

8. Residences: Please list all residences during the last 10 Years.

Address, Street	State, Zip+4	From Month/Yr.	To Month/Yr.	Name and Address of Landlord/Mgt. Company

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				
Dependent Child				
Dependent Child				
Dependent Child				
Step-Father				
Step-Mother				
Brother/Sister/Other				
Brother/Sister/Other				
Brother/Sister/Other				
Brother/Sister/Other				
Brother/Sister/Other				
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				
Name				
Name				
Name				
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				
Name				
Name				
Name				
Name				
Name				
Name				
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				
Name				
Name				
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				
Name				
Name				
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

13a. Education: Continued...

Please list the schools you have attended beginning with high school.

<u>Dates Attended</u> Month/Year From/to	<u>Name of School</u>	<u>Address/City/State</u>	<u>Major (if one)</u>	<u>Diploma Rec./Degree or # of Credits</u>

13b. Please list any workshops and seminars you have attended or any specialized training you have received.

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

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...

Dates of Employment From ____ / ____ to ____ / ____ Month/Year Month/Year	Employer Name/Address/Phone Name: Address: State/Zip: Phone:	Name of Supervisor 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 ____ / ____

Dates of Employment From ____ / ____ to ____ / ____ Month/Year Month/Year	Employer Name/Address/Phone Name: Address: State/Zip: Phone:	Name of Supervisor 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 ____ / ____

Dates of Employment From ____ / ____ to ____ / ____ Month/Year Month/Year	Employer Name/Address/Phone Name: Address: State/Zip: Phone:	Name of Supervisor 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 ____ / ____

Dates of Employment From ____ / ____ to ____ / ____ Month/Year Month/Year	Employer Name/Address/Phone Name: Address: State/Zip: Phone:	Name of Supervisor 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...

Dates of Employment From ____/____/____ to ____/____/____ Month/Year Month/Year	Employer Name/Address/Phone Name: Address: State/Zip: Phone:	Name of Supervisor 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 ____/____/____

Dates of Employment From ____/____/____ to ____/____/____ Month/Year Month/Year	Employer Name/Address/Phone Name: Address: State/Zip: Phone:	Name of Supervisor 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 ____/____/____

Dates of Employment From ____/____/____ to ____/____/____ Month/Year Month/Year	Employer Name/Address/Phone Name: Address: State/Zip: Phone:	Name of Supervisor 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 ____/____/____

Dates of Employment From ____/____/____ to ____/____/____ Month/Year Month/Year	Employer Name/Address/Phone Name: Address: State/Zip: Phone:	Name of Supervisor 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...

Dates of Employment From ____ / ____ to ____ / ____ Month/Year Month/Year	Employer Name/Address/Phone Name: Address: State/Zip: Phone:	Name of Supervisor 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 ____ / ____

Dates of Employment From ____ / ____ to ____ / ____ Month/Year Month/Year	Employer Name/Address/Phone Name: Address: State/Zip: Phone:	Name of Supervisor 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 ____ / ____

Dates of Employment From ____ / ____ to ____ / ____ Month/Year Month/Year	Employer Name/Address/Phone Name: Address: State/Zip: Phone:	Name of Supervisor 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 ____ / ____

Dates of Employment From ____ / ____ to ____ / ____ Month/Year Month/Year	Employer Name/Address/Phone Name: Address: State/Zip: Phone:	Name of Supervisor 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

24. Financial: Please complete the following section listing assets in the first column and liabilities in the second; subtract liabilities from assets for net worth. This may or may not be a negative figure.

Assets: <i>Ex. Bank Accounts, Automobiles, Real Estate, Stocks, Bonds, Household Goods, Etc.</i>		Liabilities: <i>Ex. Home Loans, Car Loans, Student Loans, Judgments, Child Support, Etc.</i>	
Item Description	Value \$	Item Description	Value \$
Total	\$	Total	\$
		Assets Minus Liabilities =	\$

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 2nd 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.

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

30. Fingerprints: Please list every time any agency has ever taken your fingerprints.

Date	Location/Department Name	Reason

31. Alcohol Consumption: Please describe in your own words the frequency and extent of your alcohol consumption including the last time you were (if applicable) intoxicated.

32. Drug Use: Have you ever used Marijuana, tried it or experimented with it, at any time? _____ Yes _____ No

If "yes" then please explain.

32a. Have you ever used any controlled substance, prescription or otherwise that was not given to you by a physician? _____ Yes _____ No

If "yes" then please explain.

32b. Have you ever sold or given drugs or narcotics, including Marijuana to anyone? _____ Yes _____ No

If "yes" then please explain.

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 [‡] :	Race [‡] :
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:
------------	---------------

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.

‡ This information is for the purposes of EEO reporting only.

**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: _____



PRE-ENROLLMENT PHYSICAL FITNESS TEST SCHEDULE FOR LAW ENFORCEMENT CANDIDATES

Revised 2/22/2018

March 2018 – December 2018

CANDIDATES SHOULD CONTACT THE TEST CENTER DIRECTLY TO REGISTER FOR THE
PRE-ENROLLMENT TEST

PHOTO ID IS REQUIRED FOR ADMISSION TO TESTING

Physical Fitness Exam Health Screening Form can be signed by Physician, Physician Assistant or Nurse Practitioner

UPPER PENINSULA				
REGIONAL TEST CENTER	CONTACT/PHONE	NOTE	APPLY BY	TEST DATE
LAKE SUPERIOR STATE UNIVERSITY Law Enforcement & Criminal Justice Sault Ste. Marie, MI 49783	Prof. Herb Henderson, Director Brenda Cooper 906-635-2384	<i>Testing begins at 8:00 AM., Norris Center Room 212</i>	Seven (7) days prior to test	
NORTHERN MICHIGAN UNIVERSITY Public Safety Institute 1401 Presque Isle Avenue Marquette, MI 49855	Darlene Kyto Test Registrar dkyto@nmu.edu Kenneth Love, Coordinator klove@nmu.edu 906-227-1408	Testing is in the Izzo-Marriuci Room. Please note starting time for each date.	Three (3) days prior to test. 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, physician assistant, or nurse practitioner	
SOUTHEAST MICHIGAN				
REGIONAL TEST CENTER	CONTACT/PHONE	NOTE	APPLY BY	TEST DATE
MACOMB COMMUNITY COLLEGE Macomb Regional Police Academy East Campus 21901 Dunham Road Clinton Twp., MI 48036	Rachel VanZutphen Test Registrar 586-498-4050 vanzutphenr@macomb.edu	All testing begins promptly at 8:00 AM at the East Campus. Located at 21901 Dunham Rd. Clinton Twp., MI 48036	All applications & payment are due by 4:00 PM, Thursday before the test.	Sat., Mar. 3 Sat., April 7 Sat., May 5 Sat., June 2 Sat., July 14 Sat., Aug. 4 Sat., Sept. 8 Sat., Oct. 6 Sat., Nov. 3 Sat., Dec. 1

PRE-ENROLLMENT PHYSICAL FITNESS TEST SCHEDULE FOR LAW ENFORCEMENT CANDIDATES (Continued)

CANDIDATES SHOULD CONTACT THE TEST CENTER DIRECTLY TO REGISTER FOR THE PRE-ENROLLMENT TEST

PHOTO ID IS REQUIRED FOR ADMISSION TO TESTING

Physical Fitness Exam Health Screening Form can be signed by Physician, Physician Assistant or Nurse Practitioner

SOUTHEAST MICHIGAN (Cont'd)

REGIONAL TEST CENTER	CONTACT/PHONE	NOTE	APPLY BY	TEST DATE
OAKLAND COMMUNITY COLLEGE Oakland Police Academy Building J, Room 102 2900 Featherstone Road Auburn Hills, MI 48326-2845	David Ceci, Director of Law Enforcement Police Academy Staff 248- 232-4221	Test orientation will begin promptly @ 8AM . 2017 Tests: Candidates taking the physical agility are to report to the Auburn Hills Campus, 2900 Featherstone Road, J" Building, Room 110 .	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. PLEASE NOTE: Test orientation will begin promptly @ 8AM , in J-Building Room 110, followed by the physical agility test in the adjoining gym. While the test is normally held on Saturday mornings, testing	Sat., Mar 10 Sat., April 14 Sat., May 12 Sat., June 9 Sat., July 14 Sat., Sept. 8 Sat., Oct. 13 Sat., Nov. 10 Sat., Dec. 8
WASHTENAW COMMUNITY COLLEGE Public Service Training 4800 East Huron River Drive Ann Arbor, MI 48106	Sherry Hopper 734- 677-5024 Preferred Method of Contact is via e-mail: shopper@wccnet.edu	Registration at 8:30 AM. Testing at 9:00 AM. Testing will be conducted at Ypsilanti High School, 2095 Packard Rd, Ypsilanti.	E-mail your name, phone number, and date of the test you are registering for to shopper@wccnet.edu 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, physician assistant, or nurse practitioner and photo ID.	Sun., Mar. 4 Sun., April 1 Sun., May 6
WAYNE COUNTY REGIONAL POLICE ACADEMY Schoolcraft College - Academy Training Center 31777 Industrial Road Livonia, MI 48150	Police Academy Staff 734-462-4306	Testing begins promptly at 8:00am. Arrive 10 minutes early to check-in. Location: Schoolcraft College Public Safety Complex Academy Training Center (ATC) 31777 Industrial Road Livonia, MI 48150	Registrations are due with money order or exact cash by 3:00 pm the Friday before the test date. Payment: \$45.00 Documents required on day of testing: Completed Physical Fitness Exam Health Screening Form signed by physician, physician assistant, or nurse practitioner and a photo ID.	Sun., March 18 Sun., April 22 Sun., May 20 Sun., June 10

PRE-ENROLLMENT PHYSICAL FITNESS TEST SCHEDULE FOR LAW ENFORCEMENT CANDIDATES (Continued)

CANDIDATES SHOULD CONTACT THE TEST CENTER DIRECTLY TO REGISTER FOR THE PRE-ENROLLMENT TEST
PHOTO ID IS REQUIRED FOR ADMISSION TO TESTING
Physical Fitness Exam Health Screening Form can be signed by Physician, Physician Assistant or Nurse Practitioner

LOWER PENINSULA

REGIONAL TEST CENTER	CONTACT/PHONE	NOTE	APPLY BY	TEST DATE
DELTA COLLEGE Criminal Justice Training Center 1961 Delta Road, Room N-102 University Center, MI 48710	Dawn Jurik Test Registrar 989-686-9176	The MCOLES Physical testing will take place at 11:30am. The MCOLES physical testing will be in the 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., Mar. 4 Sun., April 15 Sun., May 6 Sat., June 9 Sat., July 14 Sun., Aug. 5 Sun., Sept. 9 Sun., Oct. 7 Sun., Nov. 11 Sun., Dec. 16
MOTT COMMUNITY COLLEGE Law Enforcement Regional Training Academy 2100 West Thompson Fenton, MI 48430	LERTA Coordinator Mr. 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.	Registrations and payments are due 8 days prior to the test date. Registration must be phoned in to Mr. Browne @ 810-232-2822. Orientation will begin promptly at 8:45 AM.	Sat., April 14 Sat., April 28 Sat., May 5 Sat., May 19
GRAND RAPIDS COMMUNITY COLLEGE DeVos Campus, White Hall 415 E. Fulton NE Grand Rapids, MI 49503	Rachel Crapo rcrapo@grcc.edu 616-234-4280	All tests will be held in the Ford Field House, located at the corner of Lyon and Bostwick Ave. and begin at 8:00 am. There are only 25 spots per test date, so register early.	Payment should be made the day of the test. You must have \$45.00 in exact cash or a check written out to GRCC Police Academy and a completed Physical Fitness Exam Health Screening Form signed by a physician, physician assistant, or nurse practitioner.	
KALAMAZOO VALLEY COMMUNITY COLLEGE Kalamazoo Law Enforcement Training Center 6767 West O Ave Kalamazoo, MI 49003	Lynn Berkey Program Coordinator 269-353-1260 lberkey@kvcc.edu Derek Weldon Executive Officer 269-353-1259 dweldon@kvcc.edu Paul Bianco, Director 269-353-1261 pbianco@kvcc.edu	YOU MUST CALL TO RESERVE A SPOT AND FOR TEST DATE INSTRUCTIONS. ***ORIENTATION FOR PHYSICAL AGILITY TEST BEGINS AT 7:45 AM IN ROOM 3250.	AT LEAST TWO (2) DAYS PRIOR TO TEST DATE ***NOTE - PRINT PHYSICIAN'S HEALTH SCREENING FORM FROM WEBSITE & HAVE COMPLETED BY DOCTOR OR PA (PHYSICIAN'S ASSISTANT) PRIOR TO YOUR TEST DATE.	Fri., March 2 Fri., March 30 Fri., April 27 Fri., May 18
KELLOGG COMMUNITY COLLEGE 450 North Avenue Battle Creek, MI 49017	Public Safety Education 269-660-7703 crju@kellogg.edu	All tests will take place at the Battle Creek Central Fieldhouse, 162 Champion St, Battle Creek, MI. You MUST bring with you a Physician's Health Screening Form, completed and signed by a physician, physician's assistant, or nurse practitioner. You WILL NOT be able to test without this form.	Complete and email, fax, or mail the registration form online at: http://www.kellogg.edu/?p=17997 Registrations must be received by 4:00 PM Wednesday prior to the test date. Cancellations should also be received by this time.	Sat. March 10 @ noon Sat. March 24 @ noon Sat. April 7 @ noon Sat. April 21 @ noon Sat. May 19 @ 9:00 am Sat. June 9 @ 9:00 am Sat. June 23 @ 9:00 am

PRE-ENROLLMENT PHYSICAL FITNESS TEST SCHEDULE FOR LAW ENFORCEMENT CANDIDATES (Continued)

**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
KIRTLAND COMMUNITY COLLEGE 10775 N. St. Helen Roscommon, MI 48653	Careers in Public Safety cps@kirtland.edu 989-275-5000 Ext.348	Test begins at 11:00 AM., CRAF Center, Roscommon, MI.	Follow this link to the registration form, complete and submit a minimum 4 business days prior to the test: http://goo.gl/forms/QOVJK7ueGK	
MID-MICHIGAN POLICE ACADEMY Lansing Community College (West Campus) 5708 Cornerstone Dr. Lansing, MI 48917	Andy Lindeman Test Registrar Preferred method of contact is by e-mail. lindea@lcc.edu 517-483-5253	Testing begins promptly at 8:30 AM. Late arrivals are not admitted. NO EXCEPTIONS. NO REFUNDS. YOU MUST BRING COMPLETED, <i>IN ITS ENTIRETY</i> , PHYSICIAN'S HEALTH SCREENING FORM FROM WEBSITE & HAVE COMPLETED BY A DOCTOR, PHYSICIAN ASSISTANT, OR NURSE PRACTITIONER PRIOR TO YOUR TEST DATE. Report to: Lansing Community College West Campus Fitness Center 5708 Cornerstone Drive Lansing, MI 48917 **Report to: ** June 15 ** July 13 Lansing Community College Downtown Campus Fitness Center – 3rd Floor Gannon Building (GB 3128)	To register for testing go to: https://secure.touchnet.com/C20118_ustores/web/store/main.jsp?STOREID=18	Fri., March 2 @ 1:00 PM Fri., April 6 Fri., May 11 Fri., June 1 Fri., June 15** Fri., July 13** Fri., Aug. 10 Fri., Sept. 7 Fri., Oct. 5 Fri., Nov. 2 Fri., Dec. 7
NORTHWESTERN MICHIGAN COLLEGE 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	Arrive at least 15 minutes before test start time. Testing begins promptly at the published start time in the Gymnasium at the east end of campus.	Seven (7) days prior to test	
WEST SHORE COMMUNITY COLLEGE 3000 N. Stiles Road Scottville, MI 49454	Dan Dellar, Director Test Registrar 231-843-5831	WSCC Campus, Recreation Center Gymnasium, \$40. 7:00 AM.	Registration Deadline: 48 hours prior to test.	
FERRIS STATE UNIVERISTY School of Criminal Justice 1349 Cramer Circle, BIS 509 Big Rapids, MI 49307	Susan R. Pennock 231-591-5080 pennocks@ferris.edu	Student Recreation Center 401 South Street Big Rapids, MI 49307	Payment should be made the day of the test. You must have \$45.00 in exact cash or a check written out to Ferris State University and a completed Physical Fitness Exam Health Screening Form signed by a physician, physician assistant, or nurse practitioner.	Sat., April 21 @ 11:00 am



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

Date	Time	Location*	Open Seats	
3/24/2018	8:30am	Kellogg Community College	25	select
3/24/2018	9:00am	MOTT Community College	18	select
3/24/2018	12:00pm	Detroit Police Department	filled	
3/27/2018	3:00pm	Washtenaw Community College	11	select
3/30/2018	8:45am	Kalamazoo Valley Community College	16	select
3/31/2018	9:00am	Detroit Police Department	filled	
4/4/2018	6:30pm	Macomb Police Academy	30	select
4/6/2018	10:00am	Northern Michigan University	13	select
4/6/2018	12:30pm	Lansing Community College	5	select
4/7/2018	8:30am	Kellogg Community College	30	select
4/7/2018	12:30pm	Macomb Police Academy	29	select
4/14/2018	10:00am	Washtenaw Community College	16	select
4/15/2018	2:00pm	Delta College	19	select
4/17/2018	3:00pm	Washtenaw Community College	16	select
4/21/2018	8:00am	Oakland Police Academy	20	select
4/21/2018	8:30am	Kellogg Community College	32	select
4/22/2018	11:00am	Wayne County Regional Police Academy	37	select
4/27/2018	8:45am	Kalamazoo Valley Community College	24	select
4/28/2018	9:00am	MOTT Community College	25	select
5/1/2018	3:00pm	Washtenaw Community College	15	select
5/2/2018	6:30pm	Macomb Police Academy	35	select
5/5/2018	12:30pm	Macomb Police Academy	35	select
5/6/2018	2:00pm	Delta College	20	select
5/11/2018	12:30pm	Lansing Community College	13	select
5/18/2018	8:45am	Kalamazoo Valley Community College	24	select
5/19/2018	8:00am	Oakland Police Academy	25	select
5/19/2018	9:00am	MOTT Community College	25	select
5/20/2018	11:00am	Wayne County Regional Police Academy	38	select
6/1/2018	12:30pm	Lansing Community College	14	select
6/2/2018	12:30pm	Macomb Police Academy	35	select
6/6/2018	6:30pm	Macomb Police Academy	35	select

6/9/2018	2:00pm	Delta College	20	select
6/10/2018	11:00am	Wayne County Regional Police Academy	40	select
6/16/2018	8:00am	Oakland Police Academy	25	select
6/25/2018	8:30am	Kirtland Community College	30	select
6/29/2018	12:30pm	Lansing Community College	14	select
7/11/2018	6:30pm	Macomb Police Academy	35	select
7/14/2018	12:30pm	Macomb Police Academy	35	select
7/14/2018	2:00pm	Delta College	20	select
7/16/2018	8:30am	Kirtland Community College	30	select
7/20/2018	12:30pm	Lansing Community College	14	select
7/21/2018	8:00am	Oakland Police Academy	25	select
8/1/2018	6:30pm	Macomb Police Academy	35	select
8/4/2018	12:30pm	Macomb Police Academy	35	select
8/5/2018	2:00pm	Delta College	20	select
8/10/2018	12:30pm	Lansing Community College	14	select
9/5/2018	6:30pm	Macomb Police Academy	35	select
9/7/2018	12:30pm	Lansing Community College	14	select
9/8/2018	12:30pm	Macomb Police Academy	35	select
9/9/2018	2:00pm	Delta College	20	select
9/15/2018	8:00am	Oakland Police Academy	25	select
10/3/2018	6:30pm	Macomb Police Academy	35	select
10/5/2018	12:30pm	Lansing Community College	14	select
10/6/2018	12:30pm	Macomb Police Academy	35	select
10/7/2018	2:00pm	Delta College	20	select
10/20/2018	8:00am	Oakland Police Academy	25	select
11/2/2018	12:30pm	Lansing Community College	14	select
11/3/2018	12:30pm	Macomb Police Academy	35	select
11/7/2018	6:30pm	Macomb Police Academy	35	select
11/11/2018	2:00pm	Delta College	20	select
11/17/2018	8:00am	Oakland Police Academy	25	select
12/1/2018	12:30pm	Macomb Police Academy	35	select
12/5/2018	6:30pm	Macomb Police Academy	35	select
12/7/2018	12:30pm	Lansing Community College	14	select
12/15/2018	8:00am	Oakland Police Academy	25	select
12/16/2018	2:00pm	Delta College	20	select

***Click on a location for detailed logistical information**

Website: PROD V 2018-03-05 A
Database: V