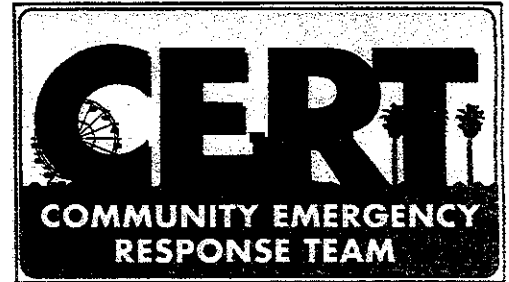


HAZEL PARK

Community Emergency Response Team (CERT) Application
City of Hazel Park
111 E. 9 Mile Rd.
Hazel Park, MI 48030
Phone (248) 546-4086 Fax (248) 543-6695
www.hazelpark.org



Contact Information

First _____ Last _____

Cell Phone _____ Home Phone _____

Address _____

City _____ State _____ Zip _____

Email _____ Birth Date _____ Male _____ Female _____
mm/dd/yy

Emergency Contacts

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Additional Information

Are you currently: Employed _____ Unemployed _____ Student _____ Retired _____ Other _____

Work Experience*: _____

*If available please attach resume.

Volunteer Experience: _____

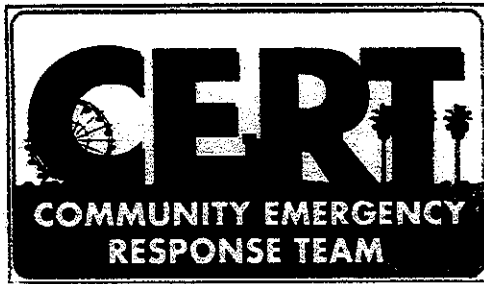
Disaster operations experience? Yes _____ No _____ If yes, please specify: _____

Skills

Bilingual _____ Please specify language(s) _____

Hobbies, interests or special skills: _____

I am interested in volunteering because: _____



AUTHORIZATION FOR RELEASE OF INFORMATION

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Sex</i>	<i>Race</i>	<i>Date of Birth</i>	<i>Month</i>	<i>Day</i>	<i>Year</i>
<i>Social Security Number</i>	<i>Mich Drivers License Number</i>	<i>Place of Birth</i>	<i>City</i>	<i>County</i>	<i>State</i>	<i>Country</i>		

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Hazel Park Police Department, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions and the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, training records, complaints and/or grievances filed by/or against me; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by/or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the City of Hazel Park Police Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

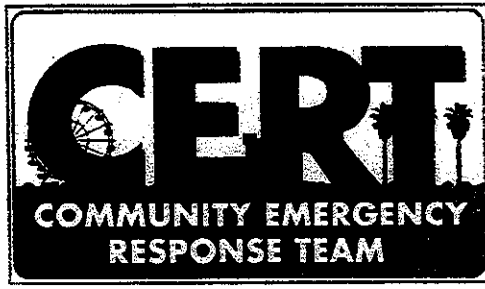
I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Hazel Park Police Department. I understand that all materials pertaining to this background investigation become the property of the City of Hazel Park Police Department, and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

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

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Subscribed and sworn before me this _____ Day of _____, _____ My commission expires _____ NOTARY: _____	<i>Signature</i> _____ <i>Street Address</i> _____ <i>City/State/Zip</i> _____
---	---



CITY OF HAZEL PARK

Waiver Of Liability And Hold Harmless Agreement

1. In consideration of receiving permission to participate in; The City of Hazel Park CERT (Civilian Emergency Response Team), I hereby **RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE** the City of Hazel Park, its Fire Department, its officers, servants, agents, or employees (hereinafter referred to as **RELEASEES**) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES**, or otherwise, while participating in such Activity, or while in, on, or upon the premises where the Activity is being conducted.

2. To the best of my knowledge, I have no physical limitations which would restrict or impair my ability to participate in the Activity in any way. I am fully aware of the risks and hazards connected with the Activity which may include, but not limited to strenuous physical or mental activity, stress or exposure to danger, including but not limited to fire, and I hereby elect voluntarily to participate in such Activity, and to engage in such Activity knowing that the Activity may be hazardous to me and my property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERT DAMAGE OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by me, or any loss of damage to property owned to me, as a result of being engaged in such Activity, **WHETHER CAUSED BY THE NEKGIGENCY OF RELEASEES**, or otherwise.

3. I further **AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES**, from any loss, liability, damage or costs, including court cost and attorneys' fees, that may incur due to my participation in said Activity, **WHETHER CAUSED BY NEGLIGENCE OF RELEASEES** or otherwise.

4. It is my expressed intent that this Waiver of Liability, Release and Hold Harmless Agreement shall bind members of my family and spouse, if I am alive and my heirs, assign and personal representative, if I am deceased and shall be deemed as a **RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE** the above named **RELEASEES**. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Michigan.

IN SIGNING THIS INSTRUMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing, understand it and sign it voluntarily as my free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least 18 years of age and fully competent; and I execute the instrument for the full adequate and complete consideration fully intending to be bound by same.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this day of _____, 20____.

PARTICIPANT:

Print: _____

Sign: _____

WITNESS:

Print: _____

Sign: _____

Please read and sign for application to be valid-

:Volunteers (18 years or older) will be required to pass a background check as provided by the Hazel Park Police Department. Notifications of relevant convictions are sent to the City of Hazel Park by the State of Michigan, Department of Justice and Bureau of Criminal Investigations.

Conviction Information: Provide information on a separate piece of paper pertaining to all convictions, unless sealed or expunged. Do not list arrests that did not result in conviction. The following information is required for all volunteers:

- Date of Conviction
- Code Section Violated (Number and Title)
- Felony or Misdemeanor
- Sentencing Information (length of jail sentence, time served, monetary fine, terms of parole and/or probation)
- Description of Offense and/or Additional Remarks

Waiver: I understand that in my capacity as a volunteer, I am not an employee of the City of Hazel Park and that I will not be covered by workers' compensation insurance. I also agree to complete the City's Driver's Information Sheet allowing evidence of vehicle insurance in compliance with State Law in the event I use my personal vehicle in my capacity as a City Volunteer. I further agree to defend, indemnify, and hold harmless the City of Hazel Park and its officers, employees and agents, from and against any and all claims, liability judgment and expenses that may arise by reason of services I provide as a volunteer or that are connected in any way therewith.

In consideration of the applicant's participation in the above activity(s), I hereby waive, release and discharge all claims for damages for death, personal injury, or property damage which I may have or which may have hereafter accrued to me as a result of engaging in said activity or any activity incident thereto. THIS RELEASE DISCHARGES IN ADVANCE THE CITY OF HAZEL PARK, ITS OFFICERS, AGENTS, SERVANTS AND EMPLOYEES FROM LIABILITY EVEN THOUGH THAT LIABILITY MAY RISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THE PERSONS OR ENTITIES MENTIONED BELOW. Some volunteer activities may involve an element of risk or danger of accident, and knowing those risks, I hereby assume those risks. This waiver, release and assumption of risk is to be binding on my heirs and assigns.

Photo Release: I hereby consent to the photographing, recording or reproduction in any other manner (including use of videotapes and audiotapes) of my likeness, voice and/or activities and further authorize the City of Hazel Park, its agents, or, assigns to make unlimited use of such reproductions, including, but not limited to broadcasting to the public of the reproductions over radio and television stations. I understand that I will not receive any monetary compensation now, or, in the near future, for participating. I do hereby release and hold harmless the City of Hazel Park its officers and employees from any claims.

In case of serious injury, I give my permission for the City of Hazel Park personnel to seek any emergency medical treatment should it become necessary.

Print Name

Signature

Date

Personal

The following information is requested of you for verification and contact purposes.

1. Your Name (Print or Type)				
Last	First	Middle		
Other names you have used or been known by (Aliases / Maiden names / Street names / Nicknames)				
2. Current Address				
Number	Street	City	State	Zip
3. Telephone numbers you can be reached at				
Home	Work	Cellular	Pager	
4. Social Security Number			5. MI Drivers License Number	
6. Physical Description (For identification purposes)				
Date of Birth	Height	Weight	Eye color	Hair color
Scars Marks Tattoos or any other distinguishing marks				

Past Residences

Addresses for the past ten years, list most recent address first and include dates of residency

Number	Street	City	State	Zip	Dates lived here
					From To
Number	Street	City	State	Zip	Dates lived here
					From To
Number	Street	City	State	Zip	Dates lived here
					From To
Number	Street	City	State	Zip	Dates lived here
					From To
Number	Street	City	State	Zip	Dates lived here
					From To

References

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of police officer. They will be asked to comment on your character, work skills and your personal life and habits. This section must be filled in completely.

Full name		Telephone number		Relationship
Address	Street	City	State	Zip
Occupation	Number of years you have Known this person			

Full name		Telephone number		Relationship
Address	Street	City	State	Zip
Occupation	Number of years you have Known this person			

Full name		Telephone number		Relationship
Address	Street	City	State	Zip
Occupation	Number of years you have Known this person			

Full name		Telephone number		Relationship
Address	Street	City	State	Zip
Occupation	Number of years you have Known this person			

Full name		Telephone number		Relationship
Address	Street	City	State	Zip
Occupation	Number of years you have Known this person			

<i>Full name</i>	<i>Telephone number</i>	<i>Relationship</i>
<i>Address</i>	<i>Street</i>	<i>City</i>
		<i>State</i>
		<i>Zip</i>
<i>Occupation</i>	<i>Number of years you have Known this person</i>	

Education

The city of Hazel Park requires a minimum education level for employment as a police officer. List all schools attended, course of study and year of graduation.

Name of School	Location of School (City & State)	Dates Attended		Course of Study	Year Graduated
		From Month/Year	To Month/Year		

Employment

Beginning with your most current employment, list all jobs you have held during the past ten years. Indicate whether full time, part time or volunteer. Also indicate periods of unemployment during this period. Use additional paper if necessary.

Dates of employment	Name and address of employer												
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><i>From</i></td> <td style="width:50%;"><i>To</i></td> </tr> <tr> <td><i>Mo. Yr.</i></td> <td><i>Mo. Yr.</i></td> </tr> <tr> <td>____/____</td> <td>____/____</td> </tr> </table> <input type="checkbox"/> <i>Full Time</i> <input type="checkbox"/> <i>Part Time</i> <input type="checkbox"/> <i>Volunteer</i> <input type="checkbox"/> <i>Unemployed</i>	<i>From</i>	<i>To</i>	<i>Mo. Yr.</i>	<i>Mo. Yr.</i>	____/____	____/____	<table style="width:100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td><i>Telephone Number</i></td></tr> <tr><td><i>Job title and duties</i></td></tr> <tr><td> </td></tr> <tr><td><i>Name of supervisor</i></td></tr> <tr><td> </td></tr> </table>		<i>Telephone Number</i>	<i>Job title and duties</i>		<i>Name of supervisor</i>	
<i>From</i>	<i>To</i>												
<i>Mo. Yr.</i>	<i>Mo. Yr.</i>												
____/____	____/____												
<i>Telephone Number</i>													
<i>Job title and duties</i>													
<i>Name of supervisor</i>													
<i>Reason for leaving</i>													

<i>Dates of employment</i>		<i>Name and address of employer</i>	
<i>From</i>	<i>To</i>		
<i>Mo. Yr.</i>	<i>Mo. Yr.</i>		
____/____/____			
<input type="checkbox"/>	<i>Full Time</i>	<i>Telephone Number</i>	
<input type="checkbox"/>	<i>Part Time</i>	<i>Job title and duties</i>	
<input type="checkbox"/>	<i>Volunteer</i>		
<input type="checkbox"/>	<i>Unemployed</i>	<i>Name of supervisor</i>	
<i>Reason for leaving</i>			

<i>Dates of employment</i>		<i>Name and address of employer</i>	
<i>From</i>	<i>To</i>		
<i>Mo. Yr.</i>	<i>Mo. Yr.</i>		
____/____/____			
<input type="checkbox"/>	<i>Full Time</i>	<i>Telephone Number</i>	
<input type="checkbox"/>	<i>Part Time</i>	<i>Job title and duties</i>	
<input type="checkbox"/>	<i>Volunteer</i>		
<input type="checkbox"/>	<i>Unemployed</i>	<i>Name of supervisor</i>	
<i>Reason for leaving</i>			

<i>Dates of employment</i>		<i>Name and address of employer</i>	
<i>From</i>	<i>To</i>		
<i>Mo. Yr.</i>	<i>Mo. Yr.</i>		
____/____/____			
<input type="checkbox"/>	<i>Full Time</i>	<i>Telephone Number</i>	
<input type="checkbox"/>	<i>Part Time</i>	<i>Job title and duties</i>	
<input type="checkbox"/>	<i>Volunteer</i>		
<input type="checkbox"/>	<i>Unemployed</i>	<i>Name of supervisor</i>	
<i>Reason for leaving</i>			

<i>Dates of employment</i>		<i>Name and address of employer</i>	
<i>From</i>	<i>To</i>		
<i>Mo. Yr.</i>	<i>Mo. Yr.</i>		
____/____/____			
<input type="checkbox"/>	<i>Full Time</i>	<i>Telephone Number</i>	
<input type="checkbox"/>	<i>Part Time</i>	<i>Job title and duties</i>	
<input type="checkbox"/>	<i>Volunteer</i>		
<input type="checkbox"/>	<i>Unemployed</i>	<i>Name of supervisor</i>	
<i>Reason for leaving</i>			

Dates of employment		Name and address of employer	
From	To		
Mo. Yr.	Mo. Yr.		
/ /			
<input type="checkbox"/> Full Time	Telephone Number		
<input type="checkbox"/> Part Time	Job title and duties		
<input type="checkbox"/> Volunteer			
<input type="checkbox"/> Unemployed	Name of supervisor		
Reason for leaving			

Dates of employment		Name and address of employer	
From	To		
Mo. Yr.	Mo. Yr.		
/ /			
<input type="checkbox"/> Full Time	Telephone Number		
<input type="checkbox"/> Part Time	Job title and duties		
<input type="checkbox"/> Volunteer			
<input type="checkbox"/> Unemployed	Name of supervisor		
Reason for leaving			

Military Service

Have you ever served in the armed forces, National Guard or military reserves? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Branch of Service	Service Number	Dates of Service / / To / /	Type of Discharge
Copy of DD214 attached <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you currently participating in any military reserve or National Guard program? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you ever been the subject of any judicial or non judicial disciplinary action while in the military, National Guard or military reserves? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give complete details below. Include when, where, circumstances and disposition.			

Legal

Have you ever been arrested or convicted for any crime? YES NO If YES, give details below:

Approximate date	Location	Police agency	Offense	Court	Disposition

Circumstances:

Have you ever been placed on court probation as an adult? YES NO If YES give details (when, where and why)

Were you ever required to appear before a juvenile court for an act that would have been a crime if committed by an adult? YES NO If YES give details (include when, where and why).

Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? YES NO If YES give details (include when, where, name and location of court and circumstances).

Motor Vehicle Operation

<i>Michigan Drivers License Number</i>	<i>Expiration date</i>
--	------------------------

Your full name as it appears on your drivers license

<i>Have you been a licensed driver in any other state?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>List state(s) where licensed</i>
---	-------------------------------------

Have you ever been refused a drivers license by any state? YES NO *If YES give details below:*

Has your drivers license ever been suspended, revoked or denied? YES NO *If YES give details below:*

List all traffic citations you have received within the last five years (Use additional paper if necessary)

<i>Nature of violation</i>	<i>Location (city)</i>	<i>Approximate date</i>	<i>Disposition</i>

List all traffic accidents you as a driver have been involved in during the last five years:

<i>Date</i>	<i>Location</i>	<input type="checkbox"/> <i>Injury</i> <input type="checkbox"/> <i>Non-injury</i>
-------------	-----------------	---

<i>Police investigation?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Police Agency</i>
--	----------------------

<i>Date</i>	<i>Location</i>	<input type="checkbox"/> <i>Injury</i> <input type="checkbox"/> <i>Non-injury</i>
-------------	-----------------	---

<i>Police investigation?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Police Agency</i>
--	----------------------

<i>Date</i>	<i>Location</i>	<input type="checkbox"/> <i>Injury</i> <input type="checkbox"/> <i>Non-injury</i>
-------------	-----------------	---

<i>Police investigation?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Police Agency</i>
--	----------------------

<i>Date</i>	<i>Location</i>	<input type="checkbox"/> <i>Injury</i> <input type="checkbox"/> <i>Non-injury</i>
-------------	-----------------	---

<i>Police investigation?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Police Agency</i>
--	----------------------

Miscellaneous

If now employed, are you willing to have the city write to your present employer with reference to your qualifications? YES NO
 If you answered **NO**, explain:

Have you ever been discharged from any position? YES NO *If YES give details below:*

Are you currently on an eligibility list with any other departments? YES NO *If YES list departments below:*

Are you now, or have you ever been a police officer with another department? YES NO *If YES explain:*

Use the area below to comment on any of the information provided in this application

A large rectangular area with a grid of approximately 12 horizontal lines, intended for providing additional comments or explanations.

I hereby certify that all statements made in this application are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal.

Signature in full	Date
-------------------	------