



GLADSTONE

PUBLIC SAFETY



144 4th Avenue NE • Gladstone, MI 49837 • (906) 428-3131 • Fax: (906) 428-1730 • Ronald Robinson, Director

"Protecting and Serving Our Year Round Playground"

Background Investigation Authorization

I hereby authorize the City of Gladstone Public Safety Department and/or their designee to conduct a background investigation pertaining to my application for employment with the City of Gladstone. I fully acknowledge that this investigation may result in sensitive information being released and may affect my application process. I release from all liability the City of Gladstone, its officials and employees, and any employer, educational institution, credit reporting agency/bureau and other providers of information about me in any and all respects relating to or arising from the City's investigation.

Unless revoked earlier by me, this release shall continue to be effective during my request for employment with the city, during any employment which I may have with the City and, in the case of seasonal employment, for any subsequent consideration of rehiring me. I understand that I may revoke this waiver and authorization at any time.

This release is executed with the full knowledge and understanding that the information is for the official use of the City of Gladstone and will in no way be circulated in hard copy form or verbally. All hard copy materials will be destroyed via paper shredder.

Department Requesting Information: _____

Applicant's Signature

Date

Please Print—First Name/Middle Name/Last Name

Date of Birth

Driver's License Number / State

Social Security Number

Public Safety Department Use Only

Date Recv'd from
Dept. Head

Date Records
Checks Completed

Date Returned to
Dept. Head

Initials of Individual
Running Check

_____ No Records to Report

Status of Background Check:

_____ Contact Public Safety Department

City of Gladstone
AN EQUAL OPPORTUNITY EMPLOYER

SEASONAL/ TEMPORARY EMPLOYMENT

NAME: _____ POSITION APPLIED FOR _____
LAST: _____ FIRST: _____

AGE IF UNDER 16 _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

CELL PHONE: () _____

DRIVER'S LICENSE: _____ YES, _____ NO, IF YES #: _____
LICENSE NUMBER

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

HAVE YOU EVER WORKED FOR THE CITY OF GLADSTONE? _____ YES, _____ NO

IF SO WHAT DEPARTMENT: _____

ENMERGENCY CONTACT INFORMATION: _____ PHONE: _____

LAST: _____ FIRST: _____ ADDRESS: _____

WHAT IS YOUR LAST DAY OF AVAILABILITY? _____

EDUCATION:

LAST GRADE COMPLETED: _____ YEAR OF ATTENDANCE: _____

DID YOU GRADUATE? _____ YES, _____ NO HIGHER/ CONTINUED EDUCATION: _____

OTHER LICENSES WITH EXPIRATION DATES AND NUMBER (I.E. LIFEGUARDING, FIRSTAID, EMT, CPR)

EXPERIENCE

EMPLOYER _____ ADDRESS _____ PHONE () _____

DATES EMPLOYED _____ TO _____ REASON FOR LEAVING _____

IMMEDIATE SUPERVISOR _____ JOB TITLE _____

WORK PERFORMED _____

REFERENCES (PLEASE NAME TWO):

NAME: _____ BUSINESS: _____ ADDRESS: _____ PHONE: _____

BY SIGNING BELOW, I CERTIFY THAT THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

SIGNATURE: _____

DATE _____

ADMINISTRATION USE ONLY:

DATE CONTACTED _____ DATE RECIEVED _____

START DATE: _____ END DATE: _____