



# CHARTER TOWNSHIP OF FLUSHING POLICE DEPARTMENT

Chief of Police – Dennie VanAlstine

6524 N. Seymour Road. Flushing, MI 48433  
Phone: (810) 659-0809 Fax: (810) 605-0218

THE FLUSHING TOWNSHIP POLICE DEPARTMENT IS CURRENTLY ACCEPTING APPLICATIONS FOR QUALIFIED CANDIDATES FOR THE POSITION OF CERTIFIED POLICE OFFICER. THE PART-TIME/FULL TIME POSITION APPLICATIONS WILL BE ACCEPTED UNTIL SEPTEMBER 30, 2024.

## MINIMUM QUALIFICATIONS

MUST BE A U.S. CITIZEN.

MUST POSSESS A VALID MICHIGAN DRIVERS LICENSE WITH A GOOD DRIVING HISTORY.

MUST BE A LICENSED POLICE OFFICER BY THE STATE OF MICHIGAN (MCOLES) CERTIFIED.

ABILITY TO PASS AN EXTENSIVE BACKGROUND CHECK, PHYSICAL EXAMINATION, AND A DRUG SCREENING TEST.

MUST POSSESS A MINIMUM ASSOCIATES DEGREE OR 60 CREDITS FROM AN ACCREDITED COLLEGE OR UNIVERSITY.

## RESPONSIBILITIES

ENFORCE ALL STATE AND FEDERAL LAWS, AS WELL AS, FLUSHING TOWNSHIP LOCAL ORDINANCES.

PERFORM PATROL DUTIES AND RESPOND TO 911 CALLS.

EFFECTIVELY COMMUNICATE VERBALLY, AND IN WRITING, AND CAPABLE OF PREPARING POLICE REPORTS.

STARTING SALARY BASED ON YEARS OF EXPERIENCE FOR FULL TIME.

STARTING SALARY FOR PART-TIME IS \$22.00 AN HOUR.

ALL APPLICANTS MUST SUBMIT A RESUME, COVER LETTER, A COMPLETED EMPLOYMENT APPLICATION, AND WAIVER FOUND ON THE FLUSHING TOWNSHIP WEBSITE. ITEMS TO BE MAILED TO FLUSHING TOWNSHIP POLICE DEPARTMENT, 6524 N. SEYMOUR ROAD, FLUSHING, MI 48433, OR E-MAIL TO: [dvanalstine@flushingtwp.org](mailto:dvanalstine@flushingtwp.org).



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## APPLICATION FOR EMPLOYMENT

(Please Print)

Date: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
City State Zip

Telephone No: \_\_\_\_\_ Position Desired: \_\_\_\_\_ Pay Desired: \_\_\_\_\_

If hired, can you provide the documents required to prove that you are legally able to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide any special information we may need about your name or use of another name for us to be able to check your work record and otherwise verify information given in this application. \_\_\_\_\_

If less than 18, please state your age \_\_\_\_\_

Have you filed an application here before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give dates \_\_\_\_\_

Have you ever been employed here before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give dates \_\_\_\_\_

Are any of your relatives current or former employees of Flushing Township? \_\_\_\_\_

Are you employed now? Yes \_\_\_\_\_ No \_\_\_\_\_ May we contact your employer? \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Are you available to work full time? \_\_\_\_\_ Part time? \_\_\_\_\_ All shifts? \_\_\_\_\_

Are you on a lay off and subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime or are there any felony charges pending against you? \*Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

\*A yes response does not automatically disqualify a job applicant from further consideration. Each situation is evaluated relative to the job being sought. Factors such as the age and nature of the offense, and rehabilitation, will be taken into account.

Have you read the position description? Yes \_\_\_\_ No \_\_\_\_  
 Can you perform all of the job functions of the position(s) for which you are applying, with or without a reasonable accommodation? \*\*Yes \_\_\_\_ No \_\_\_\_  
 Please describe the accommodation you believe is needed, if any: \_\_\_\_\_

\*\*The need for an accommodation does not necessarily bar employment. A determination will be made as to the effectiveness with which the accommodation will allow you to perform the essential functions of the positions and the hardship it would impose on the employer.

In case of an emergency, we should notify:

Name	Address	Phone No.

**EDUCATION**

Name & Location Of School	Major Subject(s) Studies	Years attended for Verification	Graduated Yes/No	Degree/Diploma Certificate & Year Obtained
High School				
Technical Training				
College				
Other				

***EMPLOYMENT HISTORY***

Start with present and also list all previous employment. (Use a separate sheet if necessary) Start with present employment and work back.

Dates (mo/yr)	Employer's Name Address & Phone	Supervisor's Name & Title	Position	Salary (beg/end)
From:				
To:				

Brief description of duties: \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

From:				
To:				

Brief description of duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

From:				
To:				

Brief description of duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

From:				
To:				

Brief description of duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_

May we contact the employers listed above: Yes \_\_\_ No \_\_\_  
 If not, indicate which one(s) you do **not** wish us to contact: \_\_\_\_\_

**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special skills and qualifications acquired from employment or other experience, as well as, how you believe they would be of value to Flushing Township.

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

If you served in the U.S. Armed Forces, please indicate:

Branch of Service \_\_\_\_\_ Rank at discharge \_\_\_\_\_  
 Date of discharge \_\_\_\_\_ Dishonorable discharge: Yes \_\_\_ No \_\_\_  
 Describe your duties and any special training: \_\_\_\_\_  
 \_\_\_\_\_

Please list any additional language spoken and level of fluency for reading, writing, and speaking: \_\_\_\_\_

\_\_\_\_\_

Have you ever been terminated involuntarily, including a layoff or reduction in force?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever supervised other employees? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details (number of employees, number of years, type of position):

\_\_\_\_\_

\_\_\_\_\_

Are you willing to work overtime if the job requires? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any relatives working for Flushing Township? If yes, please provide name and position held. \_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Give the names of three persons not related to you, whom you have known at least one year.

Name	Address & Phone No.	Employer & Title	Years Acquainted

## **AUTHORIZATION AND UNDERSTANDING**

I certify that information given in this Application and related documentation is true and complete without qualification. I understand that Flushing Township may investigate my work and personal history and verify all data given on this Application, on related papers, and in interviews and I authorize Flushing Township to do the same. This inquiry may include information as to my character, general reputation and personal characteristics, and I consent to the conduct of this inquiry. I authorize all individuals, schools and employers named, except as specifically limited on this application, to provide information requested about me, and I release them from liability for damages in providing this information. I understand and acknowledge that Flushing Township is entitled to rely on the representations made by me in the hiring process, and therefore, I understand and acknowledge that any misrepresentation or omission of fact by me can result in immediate discharge if deemed appropriate by the Township.

I also understand and acknowledge that, if hired, my employment and compensation will be at the will of Flushing Township and can be terminated, with or without cause, and with or without notice, at any time at the option of either Flushing Township or myself. I further understand and agree that no manager, representative, agent or employee of Flushing Township, other than its Supervisor, has now or has had in the past any authority to enter into any agreement which is contrary to or a modification of the above described employment relationship, and that any such agreement or representation must be in writing and signed by both myself and the Supervisor of Flushing Township in order to be effective.

Furthermore, I agree that if I become employed by Flushing Township, then in consideration for my employment I will not commence any action, including any administrative claim or suit, against the Township or its agents more than 180 calendar days after the date of the event giving rise to said action(s), including but not limited to any action which in any way relates to my employment and/or termination of my employment, and I hereby waive any statute of limitations to the contrary.

I further understand and acknowledge that, as a part of the hiring process and throughout my employment, if hired, I may be required to submit to medical/physical examinations (which may include tests for communicable diseases, drugs and/or alcohol) at the Townships discretion and expense.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **PLEASE READ**

This application will only be considered for the ninety calendar day period after its receipt by Flushing Township. Should you wish to be considered after the expiration of this period, you must reapply.

Flushing Township is an equal opportunity employer and complies with all laws prohibiting discrimination on the basis of race, color, age, national origin, religion, citizenship, handicap, height, weight and marital status. Under the Michigan Handicapper's Civil Right Act and the Federal Americans With Disabilities Act, an employer has a legal obligation to accommodate an employee's or job applicant's handicap unless the accommodation would impose an undue hardship on the employer. A handicapper may allege a violation against an employer regarding a failure to accommodate his or her handicap under Michigan law only if the handicapper notifies the employer in writing of the need for accommodation within 182 days after the date the handicapper knew or reasonably should have known that an accommodation was needed.

2/5/21

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**DISCLOSURE AND AUTHORIZATION**  
**UNDER THE FAIR CREDIT REPORTING ACT**

This document constitutes notification that, for employment purposes only, the Flushing Township Police Department may obtain a consumer report, including a criminal background check, driver's license check, and/or credit check for the purpose of evaluating you for possible promotion, transfer, retention, and/or reassignment as an employee. You hereby authorize the Flushing Township Police Department to procure any and all such consumer reports.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Printed Name of Applicant

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

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AFFIDAVIT

County of Genesee  
State of Michigan

Before me, personally appeared \_\_\_\_\_ who stated that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_, County of \_\_\_\_\_.

Notary Public

Acting in \_\_\_\_\_.

My Commission Expires \_\_\_\_\_