

# *Saginaw Chippewa Tribal Police Department*

## Experience and Education Questionnaire

1. **READ ALL INSTRUCTIONS CAREFULLY.**
2. This questionnaire must be filled out in detail. Please complete this form as soon as possible and **RETURN IT TO THE DEPARTMENT**. If selected, you will be contacted by a representative of the *Saginaw Chippewa Tribal Police Department*.
3. Read all statements and questions carefully before answering.
4. All questions **MUST** be answered. In the event that a question does not apply to you, place the letters N/A in the space provided for the answer.
5. This questionnaire must be typewritten or printed in ink.
6. In the event that there is not sufficient space on this form for your answers, additional sheets must be attached.
7. This questionnaire must be completed accurately and honestly. Omission or falsification of information may result in the rejection of your application.
8. Obtain the following documents if applicable and have them available to give to the department representative with this form when you are interviewed.
  - A. Marriage Certificate (*if applicable*)
  - B. Divorce or dissolution of marriage papers
  - C. High school and College transcripts
  - D. Discharge or separation from military service form DD-214
  - E. Birth Certificate
  - F. T.R.W. or it's equivalent credit report
9. This form will be used to conduct your background investigation. Employers, relatives, neighbors and other associates will be interviewed. The final investigation report will be used in evaluating your suitability for a position with the *Saginaw Chippewa Tribal Police Department*.
10. The report will not be released to any other agency without your written permission. You have the option to review the report prior to release.

READ THE ABOVE INSTRUCTIONS BEFORE  
COMPLETING THIS QUESTIONNAIRE

**POSITION**

Please list the position you are applying for: \_\_\_\_\_

**PERSONAL BACKGROUND**

1. **Full Name:** \_\_\_\_\_  
(First) (Middle) (Last)

2. **Present Address:** \_\_\_\_\_  
(County) (Street & Number) (City) (State/Zip Code)

3. **Permanent Address:** \_\_\_\_\_  
(County) (Street & Number) (City) (State/Zip Code)

4. **Telephone Number:** \_\_\_\_\_  
(Home) (Business)

5. Have you used any name (including nicknames) other than that listed above to obtain education, employment, finances, or to gain traffic or criminal record?  
[ ] **Yes\*** [ ] **No**

\*If yes, please explain \_\_\_\_\_  
(If a legal change, indicate date, location and authority.)

6. **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

7. **Are you a U.S. Citizen?** [ ] **Yes** [ ] **No**

**Note:** If hired, you will be asked to produce proof of citizenship (a birth certificate, Certificate of Naturalization or Certificate of Citizenship).

8. Are you MCOLES certified or certifiable? Circle the appropriate one. Certified / Certifiable / Neither  
Date you became certified or certifiable and who activated you? \_\_\_\_\_

Have you ever applied for any similar positions before? [ ] **Yes** [ ] **No**

If yes, What positions: \_\_\_\_\_

If yes, Were you... [ ] **Accepted** [ ] **Rejected** Date \_\_\_\_\_

If rejected, Reason \_\_\_\_\_

Have you ever attended a training school for one or more of these positions?  
[ ] **Yes\*** [ ] **No** \*If yes, Please list the title of the positions and the dates attended.

Which position? \_\_\_\_\_

From (*date*): \_\_\_\_\_ To (*date*): \_\_\_\_\_ If you attended more than one school, please list the same information for each school on an additional sheet.

9. Have you ever made application to another law enforcement agency? [ ] Yes\* [ ] No

\*If yes, list the date, name and address of agency (If you have applied to more than one, list the same information for each agency on an additional sheet.)

Agency/Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Current Status of Application: \_\_\_\_\_

**TRAFFIC & CRIMINAL HISTORY**

Michigan Operators License No. \_\_\_\_\_

Other State(s) Operators License No. \_\_\_\_\_

10. Have you ever been arrested for anything other than a traffic violation? [ ] Yes\* [ ] No

\*If yes, list date, charge, and disposition, location and the name and address of arresting agency:

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

**Note:** The above information is to include **ANY and ALL** arrests other than those for traffic violations. Having been arrested does not mean you cannot be appointed. The seriousness, recency, number, pattern and surrounding circumstances will be considered.

Questions **11-13** concern experiences that might affect your attitude toward law enforcement. **“Yes”** answers do not mean you cannot be appointed.

11. Have any immediate family members (*father, mother, brothers, sisters, spouse, children*) been convicted of other than a traffic violation in the past 5 years? [ ] Yes\* [ ] No

\*If yes, list name, charge and disposition: \_\_\_\_\_

\_\_\_\_\_

12. Have you ever been investigated by any law enforcement agency for any reason? [ ] Yes\* [ ] No

\*If yes, list date, location, name and address of agency and reason for investigation: \_\_\_\_\_

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

13. Have you or members of your immediate family ever been convicted of a crime? [ ] Yes\* [ ] No

\*If yes, give particulars: \_\_\_\_\_

\_\_\_\_\_

14. List all traffic citations which you have been issued (*include date, charge, location, name and address of issuing agency and disposition.*) \_\_\_\_\_



Amount owed \$ \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

Bank and Company where loaned obtained \_\_\_\_\_  
(Name, City and State)

**Note:** If you have two or more of any of the above, list same information for each on an additional sheet.

22. **Other Loans:** (Include all loans for which you have signed, even if paid in full. Include your spouse's loans if your income will be relied upon repayment.)

Name and address of firm: \_\_\_\_\_

Original Amount: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Reason Loan obtained: \_\_\_\_\_

Date opened: \_\_\_\_\_ Date closed: \_\_\_\_\_

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Name and address of firm: \_\_\_\_\_

Original Amount: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Reason Loan obtained: \_\_\_\_\_

Date opened: \_\_\_\_\_ Date closed: \_\_\_\_\_

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Name and address of firm: \_\_\_\_\_

Original Amount: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Reason Loan obtained: \_\_\_\_\_

Date opened: \_\_\_\_\_ Date closed: \_\_\_\_\_

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Name and address of firm: \_\_\_\_\_

Original Amount: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Reason Loan obtained: \_\_\_\_\_

Date opened: \_\_\_\_\_ Date closed: \_\_\_\_\_

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Name and address of firm: \_\_\_\_\_

Original Amount: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Reason Loan obtained: \_\_\_\_\_

Date opened: \_\_\_\_\_ Date closed: \_\_\_\_\_

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Name and address of firm: \_\_\_\_\_

Original Amount: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Reason Loan obtained: \_\_\_\_\_

Date opened: \_\_\_\_\_ Date closed: \_\_\_\_\_

23. **Charge Accounts:** (Include your spouse's charge accounts if your income will be relied upon for repayment. Include all charge accounts, even if they are closed.)

Name and address of firm: \_\_\_\_\_

Average monthly payment: \$ \_\_\_\_\_ Present Balance: \$ \_\_\_\_\_

Account Number: \_\_\_\_\_ Date Opened: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Date Closed: \_\_\_\_\_  
(Installment, revolving, etc.)

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Name and address of firm: \_\_\_\_\_

Average monthly payment: \$ \_\_\_\_\_ Present Balance: \$ \_\_\_\_\_

Account Number: \_\_\_\_\_ Date Opened: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Date Closed: \_\_\_\_\_  
(Installment, revolving, etc.)

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Name and address of firm: \_\_\_\_\_

Average monthly payment: \$ \_\_\_\_\_ Present Balance: \$ \_\_\_\_\_

Account Number: \_\_\_\_\_ Date Opened: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Date Closed: \_\_\_\_\_  
(Installment, revolving, etc.)

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Name and address of firm: \_\_\_\_\_

Average monthly payment: \$ \_\_\_\_\_ Present Balance: \$ \_\_\_\_\_

Account Number: \_\_\_\_\_ Date Opened: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Date Closed: \_\_\_\_\_  
(Installment, revolving, etc.)

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Name and address of firm: \_\_\_\_\_

Average monthly payment: \$ \_\_\_\_\_ Present Balance: \$ \_\_\_\_\_

Account Number: \_\_\_\_\_ Date Opened: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Date Closed: \_\_\_\_\_

(Installment, revolving, etc.)

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24. **Other Payments:** (Child support, alimony, maintenance)

Payee Name & Address: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_ Date Opened: \_\_\_\_\_ Date Closed: \_\_\_\_\_

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25. **Other Debts:** (If you have any debts other than those listed already, please list them here.)

Name & Address of creditor: \_\_\_\_\_

Original Amount: \$ \_\_\_\_\_ Avg. monthly Payment: \$ \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Reason: \_\_\_\_\_

Date Opened: \_\_\_\_\_ Date Closed: \_\_\_\_\_

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Name & Address of creditor: \_\_\_\_\_

Original Amount: \$ \_\_\_\_\_ Avg. monthly Payment: \$ \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Reason: \_\_\_\_\_

Date Opened: \_\_\_\_\_ Date Closed: \_\_\_\_\_

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26. **Income:** Annual Salary \$ \_\_\_\_\_

If you are relying on your spouse's income as a basis for debt repayment, complete the following:

Income of Spouse \$ \_\_\_\_\_ Name & address of spouse's employer \_\_\_\_\_

Other income \$ \_\_\_\_\_ Source \_\_\_\_\_

**Note:** You are not required to disclose income from alimony, child support or maintenance, but if you want it considered with this application, complete the following:

**Payer:** \_\_\_\_\_

**Alimony**                       **Child Support**                       **Maintenance**

How long have payments been made? \_\_\_\_\_

Are payments up to date?                       **Yes**                       **No**

Do you have any other investments?       **Yes**       **No**

Amount: \$ \_\_\_\_\_ Name: \_\_\_\_\_

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27. What is your total monthly income? \$ \_\_\_\_\_

28. What is the total amount of your indebtedness? \$ \_\_\_\_\_

29. What is the total amount of your monthly payments? (Include all current payments listed in questions 18-25)

\$ \_\_\_\_\_

30. Have your creditors treated you fairly?       **Yes**       **No\***

\*If no, please explain \_\_\_\_\_

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31. Have you ever been sued or petitioned for bankruptcy?       **Yes\***       **No**

\*If yes, please explain \_\_\_\_\_

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32. Name(s) and ages of those who depend on you for financial support:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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**EDUCATION**

33. High School \_\_\_\_\_

Address \_\_\_\_\_

Dates Attended \_\_\_\_\_

(From)

(To)

Did you graduate?       **Yes**       **No\***

\*If no, have you completed a General Educational Development Test (GED)?       **Yes**       **No**  
(You must provide High School transcript or GED scores)

34. College \_\_\_\_\_

Address \_\_\_\_\_

Dates Attended \_\_\_\_\_

(From)

(To)



35. Correspondence or Trade School \_\_\_\_\_  
Address \_\_\_\_\_  
Courses \_\_\_\_\_  
Years, Months or hours completed \_\_\_\_\_  
Dates attended \_\_\_\_\_ (From) \_\_\_\_\_ (To) \_\_\_\_\_ Certificate \_\_\_\_\_

36. List any coursework or training which you have completed, which you believe would be directly useful to you for these positions, such as, Police Science, Criminology, Sociology, Psychology, Public Speaking or Law. Include dates and location.

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**Note:** If you have further education, or have attended other high schools, colleges, correspondence or trade schools, use additional sheet(s) and give details.

37. What languages can you read and/or speak? \_\_\_\_\_

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38. List any activities in which you have been involved, which you believe reflect your interest in social service work or community affairs. Include, for example, tutoring, drug treatment or crisis work, correctional program assistance, coaching or counseling.

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39. List any honors, awards, or other forms of recognition which you have received for scholarship, athletics or other achievements.

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40. List any offices of leadership (elective or appointed), which you have held as part of or apart from school. Give dates and locations.

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**EMPLOYMENT HISTORY**

**Social Security No.** \_\_\_\_\_

41. Chronological history or employment for the past ten years. Account for all periods include casual employment. Include all periods of unemployment, and state what you did during these periods. List present or most recent position first.

**Note:** The investigator may interview Employers, Supervisors and Co-Workers.

Employment discharge or discipline does not mean you cannot be appointed. The seriousness, recency and surrounding circumstances will be considered.

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Dates of Employment \_\_\_\_\_ to \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Type of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Title of Position \_\_\_\_\_ Monthly Salary \$ \_\_\_\_\_  
What were your duties? \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

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Dates of Employment \_\_\_\_\_ to \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Type of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Title of Position \_\_\_\_\_ Monthly Salary \$ \_\_\_\_\_  
What were your duties? \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

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Dates of Employment \_\_\_\_\_ to \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Type of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Title of Position \_\_\_\_\_ Monthly Salary \$ \_\_\_\_\_  
What were your duties? \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

**Employment History** (continued)

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Dates of Employment \_\_\_\_\_ to \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Type of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Title of Position \_\_\_\_\_ Monthly Salary \$ \_\_\_\_\_  
What were your duties? \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

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Dates of Employment \_\_\_\_\_ to \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Type of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Title of Position \_\_\_\_\_ Monthly Salary \$ \_\_\_\_\_  
What were your duties? \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

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Dates of Employment \_\_\_\_\_ to \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Type of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Title of Position \_\_\_\_\_ Monthly Salary \$ \_\_\_\_\_  
What were your duties? \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

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43. With whom are you living? (Include name, age and relation.) \_\_\_\_\_

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

**MILITARY\***

**Selective Service No.** \_\_\_\_\_ **Military Serial No.** \_\_\_\_\_

44. Have you ever served in the military of a foreign government?     **Yes\***         **No**

\*If yes, please answer questions **46-51** regarding that service on an additional sheet.

45. Selective Service Board No. \_\_\_\_\_ Address \_\_\_\_\_

46. Draft Classification \_\_\_\_\_ Draft Lottery No. \_\_\_\_\_

47. Dates of active service \_\_\_\_\_ to \_\_\_\_\_

48. Branch of Service \_\_\_\_\_ Last Station \_\_\_\_\_

49. Rank upon discharge \_\_\_\_\_ Type of Discharge     **Honorable**     **Other**

50. Were you ever the subject of a Court-Martial or other disciplinary action?     **Yes\***         **No**

\*If yes, please use an additional sheet to give detail.

51. Are you presently or have you ever been a member of any military reserve organization?

**Yes\***         **No**

\*If yes, **branch of Service** \_\_\_\_\_ **Rank** \_\_\_\_\_

**Present Station** \_\_\_\_\_

\*You must provide certificate of separation, **DD-214**, if you were separated from **ANY** branch of military service.

52. List five character references, other than employers or supervisors, who you know intimately  
(**Must live within the State of Michigan**).

1. \_\_\_\_\_ Business Address \_\_\_\_\_

Phone \_\_\_\_\_ Residence Address \_\_\_\_\_

2. \_\_\_\_\_ Business Address \_\_\_\_\_

Phone \_\_\_\_\_ Residence Address \_\_\_\_\_

3. \_\_\_\_\_ Business Address \_\_\_\_\_

Phone \_\_\_\_\_ Residence Address \_\_\_\_\_

4. \_\_\_\_\_ Business Address \_\_\_\_\_  
Phone \_\_\_\_\_ Residence Address \_\_\_\_\_

5. \_\_\_\_\_ Business Address \_\_\_\_\_  
Phone \_\_\_\_\_ Residence Address \_\_\_\_\_

**References** (continued)

List the name(s) and address of any law enforcement official that you know personally.

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Agency employed by** \_\_\_\_\_

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Agency employed by** \_\_\_\_\_

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**RESIDENCE RECORD**

53. List **ALL** residences since age of 16.

Dates \_\_\_\_\_ to \_\_\_\_\_ Address \_\_\_\_\_

Dates \_\_\_\_\_ to \_\_\_\_\_ Address \_\_\_\_\_

Dates \_\_\_\_\_ to \_\_\_\_\_ Address \_\_\_\_\_

Dates \_\_\_\_\_ to \_\_\_\_\_ Address \_\_\_\_\_

Dates \_\_\_\_\_ to \_\_\_\_\_ Address \_\_\_\_\_

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**RECREATION**

54. List any recreational activities which you participate in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER INFORMATION**

55. In the area below, you may furnish any information which you feel will be of value to the investigator, or you may further explain anything you wish regarding your application for these positions. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**READ CAREFULLY BEFORE SIGNING**

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I certify that all answers to the above questions are true and complete to the best of my knowledge, and I agree and understand that any misstatement of material facts contained in this questionnaire may cause forfeiture upon my part of all rights to any employment in the service of the *Saginaw Chippewa Tribal Police Department*.

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\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## ***Saginaw Chippewa Tribal Police Department***

A division of the

### ***Saginaw Chippewa Indian Tribe***

#### **Release of Information**

#### **To Whom It May Concern:**

I hereby authorize any representative of the *Saginaw Chippewa Tribal Police Department*, bearing this release, to obtain information from your files or other sources pertaining to my personal background including, but not limited to, academic, athletic, achievement, attendance, personal history, disciplinary action, medical, credit or any other records you may have regarding me. I hereby direct you to release such information upon the request of the bearer. This release is executed with the knowledge and understanding that the information is for the official use of the *Saginaw Chippewa Tribal Police Department*. Consent is granted for the *Saginaw Chippewa Tribal Police Department* to furnish such information as is described above, to third parties in the course of the Tribal Police fulfilling it's official responsibilities with regard to my application for employment. I hereby release you, the institution or establishment which you represent, including it's officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below:

<b>Full Name</b> (typed or printed)		<b>Social Security No.</b>	
<b>Current address:</b>		<b>City</b>	<b>State/Zip Code</b>
<b>County</b>	<b>Telephone No.</b> (     )	<b>Date of Birth</b>	
<b>Signature</b>		<b>Date</b>	



**Saginaw Chippewa Tribal Police Department**

A division of the Saginaw Chippewa Indian Tribe

**Authorization for Release of Military and Medical Information**

To: National Personnel Record Center  
Military Personnel Records  
9700 Page Boulevard  
St. Louis, MO 63132

From: Saginaw Chippewa Tribal Police  
Personnel Department  
6954 East Broadway  
Mt. Pleasant, MI 48858

<b>Name of Applicant</b> (typed or printed)	<b>Name while in Service</b> (if different)
<b>Service Number</b>	<b>Branch of Service</b>
<b>Dates of Active Duty</b> From: _____ To: _____	<b>Dates of Reserve Duty</b> From: _____ To: _____

Present Military Status

None  Air Force Reserve  Army Reserve  Naval Reserve  Marine Reserve  National Guard

As an applicant for a position with the *Saginaw Chippewa Tribal Police Department*, I am required to furnish information for use in determining my moral, physical and mental qualifications. I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release to the *Saginaw Chippewa Tribal Police*, at the address listed above, information or photocopies from my military personnel and related medical records. This could include a photocopy of my **DD Form 214**, Report of Separation.

<b>Signature of Applicant</b>	<b>Date</b>
<b>Current Home Address</b>	

To be completed by Records Office:

<b>Date of Entry</b>	<b>Date of Separation</b>	<b>Reason for Separation</b>	<b>Character of Service</b>

**Note:** If discharge is other than "HONORABLE," no further information is required.

<b>Disciplinary Data</b> <input type="checkbox"/> None <input type="checkbox"/> See Remarks	<b>Significant illnesses or injuries</b> <input type="checkbox"/> None <input type="checkbox"/> See Remarks <input type="checkbox"/> See Attached
<b>Psychiatric Observations &amp; Treatment</b> <input type="checkbox"/> None <input type="checkbox"/> See Remarks <input type="checkbox"/> See Attached	<b>Physical Condition at time of separation</b> <input type="checkbox"/> Report of Separation Physical Attached

Remarks:

Releasing Office	Date Released
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Released by (Signature)

**Saginaw Chippewa Tribal Police Department**  
**Employment Reference Report**

<b>Applicant:</b>		<b>Employer (business):</b>	
<b>Date:</b>	<input type="checkbox"/> Request Confidential Status	<b>Employer Address:</b>	
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Person Interviewed:</b>		<b>Title:</b>	
		<input type="checkbox"/> Supervisor <input type="checkbox"/> Co-Worker	
<b>1. Applicant's Job Classification:</b>		<b>2. Length of Service:</b>	
		<b>From:</b>	<b>To:</b>
<b>3. Examples of work performed:</b>		<b>4. Annual Salary:</b>	
<b>5. If no longer employed, reason for separation:</b>			

Any ratings of "**MARGINAL**" or "**UNACCEPTABLE**" or responses marked by an asterisk (\*) require the investigator to explain in narrative form on reverse side.

6. Quality of Work	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Marginal	<input type="checkbox"/> Unacceptable
7. Quantity of Work	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Marginal	<input type="checkbox"/> Unacceptable
8. Dependability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Marginal	<input type="checkbox"/> Unacceptable
9. Attendance	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Marginal	<input type="checkbox"/> Unacceptable
10. Injury Record	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Marginal	<input type="checkbox"/> Unacceptable
11. Accepts Supervision	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Marginal	<input type="checkbox"/> Unacceptable
12. Works w/ Others	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Marginal	<input type="checkbox"/> Unacceptable
13. Initiative	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Marginal	<input type="checkbox"/> Unacceptable
14. Integrity	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Marginal	<input type="checkbox"/> Unacceptable
15. Attitude	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Marginal	<input type="checkbox"/> Unacceptable
16. Respects Others	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Marginal	<input type="checkbox"/> Unacceptable
17. Appearance	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Marginal	<input type="checkbox"/> Unacceptable
18. Overall Rating	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Marginal	<input type="checkbox"/> Unacceptable
19. Indication of any biases? <input type="checkbox"/> Yes* <input type="checkbox"/> No		20. Illegal drug use? <input type="checkbox"/> Yes* <input type="checkbox"/> No		21. Would you rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No*

22. How would you rate this person's ability to be a Tribal Police Officer?

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Marginal*	<input type="checkbox"/> Unacceptable*	<input type="checkbox"/> Don't Know
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*Signature: Investigator's Name & Rank*

**Saginaw Chippewa Tribal Police Department**  
**Personal Reference Report**

<b>Applicant:</b>		<b>Date:</b>			
<b>Person Interviewed:</b>		<input type="checkbox"/> <b>Request Confidential Status</b>		<b>Telephone:</b>	
<b>Address:</b>		<b>City:</b>		<b>State/Zip Code:</b>	
<b>1. Nature of acquaintance:</b> (Check all that apply)		<input type="checkbox"/> <b>Social</b> <input type="checkbox"/> <b>Business</b> <input type="checkbox"/> <b>Family:</b> _____ _____ <input type="checkbox"/> <b>Educational</b> <input type="checkbox"/> <b>Neighbor</b> <input type="checkbox"/> <b>Other:</b> _____ _____			
<b>2. How long have you known the applicant?</b>			<b>3. How often do you see the applicant?</b>		
<b>4. How would you describe the applicant's use of alcoholic beverages? (Check below)</b>					
<input type="checkbox"/> <b>None</b>	<input type="checkbox"/> <b>Light</b>	<input type="checkbox"/> <b>Moderate*</b>	<input type="checkbox"/> <b>Heavy*</b>	<input type="checkbox"/> <b>Abusive*</b>	<input type="checkbox"/> <b>Unknown</b>

\* For any responses designated by an asterisk (\*), the investigator must submit explanation in narrative form on the reverse side or attached page.

<b>5. Are you well acquainted with the applicant?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No*</b>
<b>6. Would you describe the applicant as honest?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No*</b>
<b>7. Is he/she the type of person you would want for a police officer?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No*</b>
<b>8. Does the applicant respect the law and/or persons of authority?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No*</b>
<b>9. Would you describe the applicant as mature?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No*</b>
<b>10. Do you think the applicant respects the rights and property of others?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No*</b>
<b>11. Have you ever seen the applicant use or suggest violence as a means to settle a problem?</b>	<input type="checkbox"/> <b>Yes*</b>	<input type="checkbox"/> <b>No</b>
<b>12. Do you have any knowledge of the applicant using any illegal drugs?</b>	<input type="checkbox"/> <b>Yes*</b>	<input type="checkbox"/> <b>No</b>
<b>13. To your knowledge has the applicant ever been arrested or involved in any trouble?</b>	<input type="checkbox"/> <b>Yes*</b>	<input type="checkbox"/> <b>No</b>
<b>14. Have you ever seen the applicant in the company of undesirable persons?</b>	<input type="checkbox"/> <b>Yes*</b>	<input type="checkbox"/> <b>No</b>
<b>15. Have you ever seen the applicant display any racial or sexual prejudices?</b>	<input type="checkbox"/> <b>Yes*</b>	<input type="checkbox"/> <b>No</b>
<b>16. Have you ever seen the applicant intoxicated?</b>	<input type="checkbox"/> <b>Yes*</b>	<input type="checkbox"/> <b>No</b>

**Investigator's comments/observations:** \_\_\_\_\_

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