



## **BRIDGE THE GAP**

4580 State Street #132 • Saginaw, MI 48603

PH: 989.860.1731

Email: [info@webridgethegap.net](mailto:info@webridgethegap.net)

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### Applicant Instructions

When completing an application for employment, please complete the following documents:

1. Bridge The Gap Application for Employment
2. Additional application information
3. Human Resources Card
4. Waiver and Authorization for Release of Information
5. MCOLES Candidate's Personal History Statement (sworn law enforcement position)
6. Interview Questions

Applications will be reviewed and considered. Thank you for your interest in the Bridge The Gap Police Academy Scholarship.

Bridge The Gap is an equal opportunity non-profit organization that prohibits discrimination against any person because of race, religion, color, national origin, age, sex (including pregnancy), height, weight, marital status, disability, genetic information or any other protected class/classification as designated by Federal or State law.  
**IMPORTANT:** Carefully read and follow all instructions.

**TYPE OR PRINT IN INK**

Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First)

Present Address \_\_\_\_\_ (Number) \_\_\_\_\_ (Street) \_\_\_\_\_ (City or Twp.) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Telephone: Home: \_\_\_\_\_ Work or Other: \_\_\_\_\_

First Date Available for Employment: \_\_\_\_\_

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

Position Applied For: \_\_\_\_\_

**EDUCATION\*** **Grade School** **High School** **College**

(Circle highest grade completed)      1 2 3 4 5 6 7 8      9 10 11 12      1 2 3 4 5 6 7 8

TYPE OF SCHOOL	NAME	LOCATION	Dates Attended		Did You Graduate?	No. Credit Hrs. Comp.	Degree Received	Major Courses
			From	To				
High School								
Business								
College								

**\*Verification of education including diplomas, certificates and transcripts may be required.**

**EMPLOYMENT HISTORY:** Beginning with your present or most recent employment (1), please list your last four jobs.

(1) Employing Firm \_\_\_\_\_ From \_\_\_\_\_  
City & State \_\_\_\_\_ To \_\_\_\_\_  
Your Title \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_  
Specific duties \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
Supv. Name: \_\_\_\_\_  
Supv. Contact Info: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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(2) Employing Firm \_\_\_\_\_ From \_\_\_\_\_  
City & State \_\_\_\_\_ To \_\_\_\_\_  
Your Title \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_  
Specific duties \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
Supv. Name: \_\_\_\_\_  
Supv. Contact Info: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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(3) Employing Firm \_\_\_\_\_ From \_\_\_\_\_  
City & State \_\_\_\_\_ To \_\_\_\_\_  
Your Title \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_  
Specific duties \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
Supv. Name: \_\_\_\_\_  
Supv. Contact Info: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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(4) Employing Firm \_\_\_\_\_ From \_\_\_\_\_  
City & State \_\_\_\_\_ To \_\_\_\_\_  
Your Title \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_  
Specific duties \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
Supv. Name: \_\_\_\_\_  
Supv. Contact Info: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**NON-PAID VOLUNTARY EXPERIENCE AND MILITARY SERVICE**

Employing Firm	Address	From	To	Job Title	Duties
1.					
2.					
3.					

**PERSONAL DATA**

Are you 18 years of age or older?  Yes  No

Were you previously employed by any Law Enforcement Agency?  Yes  No

If yes, when? \_\_\_\_\_

Have you previously applied for the BTG Police Academy Grant?  Yes  No

If yes, when? \_\_\_\_\_

Name and telephone number of person to be notified in case of accident or emergency.

Can you perform the essential training of the Delta College Police Academy, with or without accommodation?  Yes  No

If you are now employed, may we contact your present employer in regards to your qualifications? \_\_\_\_\_

If yes, Contact Information: \_\_\_\_\_

## PERSONAL REFERENCES (Not Former Employers or Relatives)

Name & Occupation	Address	Phone Number

- (1) I hereby authorize Bridge The Gap to contact my former employers, educational institutions, and personal references for the purpose of verifying my suitability for the Delta College Police Academy.
- (2) I understand that I must satisfactorily complete a physical examination (which may include drug testing) as arranged by the Bridge The Gap.
- (3) I hereby authorize Bridge The Gap to verify my driving record as a position within a Police Department requires the use of a motor vehicle.
- (4) I understand that new cadets must complete a 16 week semester including Monday thru Friday 5am to 5pm hours.
- (5) I certify that I can and will, upon request, substantiate all statements made by me on this application; that such statements are true and correct to the best of my knowledge and belief.
- (6) I also understand that a false statement or dishonest answer to any question may be grounds for cancellation of my application, removal from the eligible list or my dismissal from program.

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

**ADDITIONAL APPLICATION INFORMATION**

The following information is required before we can process your application further. Please be as complete in your answers as possible. Attach additional sheets as necessary.

1. Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

2. Present address: \_\_\_\_\_  
\_\_\_\_\_

3. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

5. Are you a U.S. citizen? \_\_\_\_\_

6. Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

7. Are you willing to work all shifts, Sundays, and holidays? \_\_\_\_\_

8. List all police contact, accidents, citations, arrest, civil, and/or criminal action against you:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Have you ever been dismissed or asked to resign from any employment or position you have held?  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

10. Have you ever gone under another name? \_\_\_\_\_

11. Give three (3) additional personal references not on original application.

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

12. List, chronologically, your last three residences.

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

From: \_\_\_\_\_ To: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_

13. List information on the following relatives:

Name                      Address                      Phone

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Brothers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sisters: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Do you speak, read or write any foreign language? \_\_\_\_\_

If yes, what language and how proficient are you? \_\_\_\_\_

\_\_\_\_\_

15. Please list any special abilities you have or avocations at which you are proficient.

\_\_\_\_\_

\_\_\_\_\_

16. Please list any additional information you think we should consider about you as a candidate for employment with the Saginaw County Sheriff's Department.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## HUMAN RESOURCES CARD

As an Equal Employment Opportunity Program, the following information is being gathered by Bridge The Gap to analyze the effectiveness of our recruitment effort in addition to federal and state EEO reporting requirements. This data will not be used in the selection process or be a part of the application process. Your cooperation in **voluntarily** giving this information is appreciated.

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

Please select the appropriate, category that applies to you:

**SEX:**

- Male  
 Female

**ETHNIC/RACIAL GROUP: (Select One)**

- White  
 Black or African American  
 American Indian, Alaskan Native  
 Asian  
 Hispanic or Latino  
 Native Hawaiian or Other Pacific Islander  
 Two or more races

Are you a disabled individual? YES  NO

How did the Bridge The Gap Police Academy sponsorship come to your attention?

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\* A handicapped individual, as defined by the Department of Labor, is a person who (1) has a physical or mental impairment which substantially limits one or more of such person's life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment. Substantially limits means the individual is likely to experience difficulty in securing, retaining, or advancing in employment because of his disability.



## WAIVER & AUTHORIZATION FOR RELEASE OF INFORMATION

Sections A & B to be completed by all applicants (non-licensed, currently licensed, or previously licensed law enforcement officers)

### Section A - Type or print only:

Last Name:	First Name:	Middle Name:	Suffix (Jr, Sr, III):	
Social Security No.*:	Date of Birth:	Phone No.:	Gender <sup>‡</sup> :	Race <sup>‡</sup> :
Residence Address (Street, City, State, Zip):			Highest Degree:	
Drivers License No.:	Issuing State:	E-Mail:		

### Section B – Authorization for release of information:

I hereby authorize any individual, agency or organization to furnish to the Michigan Commission on Law Enforcement Standards, the Delta College Police Academy<sup>1</sup>, their representatives and/or agents (including, but not limited to, 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/psychological, 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 and the Delta College Police Academy<sup>1</sup>.

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.

Applicant Signature:	Today's Date:
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### \*\*\*Section C to be completed by current or previously licensed law enforcement officers only\*\*\*

#### Section C – Former Michigan employing law enforcement agency authorization:

I hereby authorize any and all of my former employing Michigan law enforcement agencies to provide the \_\_\_\_\_<sup>1</sup>, with a copy of the record regarding the reason or reasons for, and circumstances surrounding, my separation of service created by any former employing law enforcement agency or agencies. **(Under 2017 PA 128, MCL§28.561, et seq. a hiring law enforcement agency shall not hire a law enforcement officer unless the hiring law enforcement agency receives the record regarding the reason or reasons for, and circumstances surrounding, a separation of service from each prior employing law enforcement agency.)**

Applicant signature:	Today's Date:
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AUTHORITY: 1965 PA 203; 2017 PA 128  
COMPLIANCE: Voluntary  
PENALTY: No License Activation/ Employment/  
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.

<sup>1</sup> Type or print the name of the hiring law enforcement agency or the enrolling academy.



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## AUTHORIZATION FOR RELEASE OF EDUCATION RECORDS

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are hereby authorized to release to Bridge The Gap any and all education records, including but not limited to, applications, transcripts, diplomas, etc., pertaining to \_\_\_\_\_, f/k/a \_\_\_\_\_. This authorization also permits verbal communication regarding my records. A copy of this Authorization shall have the full force and effect of the original.

Name: \_\_\_\_\_  
Social Security No. XXX-XX-\_\_\_\_\_  
DOB: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_



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## AUTHORITY TO RELEASE INFORMATION

### TO WHOM IT MAY CONCERN:

I hereby authorize any member or other authorized representative of Bridge The Gap bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, educational records (including but not limited to academic, achievement, attendance, athletic, personal history and disciplinary records), credit records (including credit card and payment device numbers) and law enforcement records (including but not limited to any record of charge, prosecution or conviction for criminal or civil offenses). I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Bridge The Gap Police Academy Program. I hereby release you, as the custodian of such records, and any school, college, university or other educational institution, credit bureau, lending institution, consumer reporting agency, retail business establishment, law enforcement agency or criminal justice agency, including its officers, employees or 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. I am furnishing my social security number on a voluntary basis with the understanding that this is not required by Federal statute or regulation. I have been advised that Bridge The Gap will utilize this number only to facilitate the location of employment, military, credit and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below.

Signature (Full Name): \_\_\_\_\_

Print Full Name: \_\_\_\_\_

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

Telephone Number(s): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Witness Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

**BUILDING POSITIVE RELATIONSHIPS BETWEEN LAW ENFORCEMENT AND THE COMMUNITY**



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### Authorization For Criminal information Record Check and for Release of Motor Vehicle Record

I do hereby voluntarily authorize the State of Michigan, County of Saginaw, FBI or any law enforcement/criminal justice agency to release any or all information pertaining to the below listed individual to Bridge The Gap for the expressed purpose of a criminal history record check.

I do hereby voluntarily authorize the State of Michigan, or its agent, to release any or all motor vehicle record information, including but not limited to enrollment in the Michigan Secretary of State driving record subscription service pertaining to myself, to Bridge The Gap for the purpose of driving my personal automobile or a vehicle provided by a Law Enforcement Department to perform duties required by that department.

I hereby voluntarily release and forever hold harmless Bridge The Gap, and its agent whichever, from any and all damage, injury, or cause of action whatsoever arising out of the furnishing of any such criminal history information or motor vehicle record information.

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

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

#### Please Print

Name: \_\_\_\_\_  
(Last) (Middle) (First)

Previous Name (If Applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

State of Michigan Driver's License Number: \_\_\_\_\_

**Michigan Commission on Law Enforcement Standards**  
 106 W. Allegan St., Suite 600, PO Box 30633, Lansing, MI 48909

**CANDIDATE’S PERSONAL HISTORY STATEMENT**

PLEASE PRINT IN INK OR TYPE YOUR RESPONSES TO THIS QUESTIONNAIRE

PERSONAL INFORMATION					
LAST NAME		FIRST NAME		MIDDLE NAME	
DATE OF BIRTH	SOCIAL SECURITY NO.	DRIVER’S LIC. NO.	STATE		
(mm/dd/yyyy):					
PREVIOUS NAME OR ALIAS-Enter any name changed due to marriage or divorce, legal change to your name, or alias used in official capacity. Provide explanation – documentation may be requested. Last: _____ First: _____ Last: _____ First: _____					
Are you a citizen of the United States? (Proof shall be a birth certificate, US passport, or certificate of naturalization).				Yes <input type="checkbox"/>	No <input type="checkbox"/>
HOME ADDRESS		CITY	STATE	ZIP	
2 <sup>nd</sup> ADDRESS (School, new address, etc.)		CITY	STATE	ZIP	
PHONE NO.	2 <sup>nd</sup> PHONE NO.	E-MAIL	TRAINING SITE YOU PLAN ON ATTENDING?		

Authority: 203 PA 1965  
 Compliance: Voluntary  
 Penalty: No License Activation/  
 Academy Enrollment

\* This is in accordance with the Federal Privacy Act of 1974, disclosure is voluntary. If necessary, the Social Security Number will be used for identification purposes to ensure proper records are obtained.

### EMPLOYMENT HISTORY

Have you ever been talked to, interviewed, or suspected by an employer of any crime in the workplace? Yes  No

Have you ever been talked to, interviewed, or suspected by an employer of any form of workplace harassment (inappropriate sexual behavior, sexual harassment, ethnic harassment) or workplace violence (threatening behavior or assaultive behavior)? Yes  No

Have you ever been fired, asked to resign in lieu of termination, or decided to resign during an inquiry into your behavior from any place of employment? Yes  No

If "Yes" to any of the above, please give the details (include when, where, and the circumstances – use a separate sheet if necessary):

Have you ever been an unsuccessful candidate for a law enforcement position (either volunteer or paid) because you did not meet the background requirements or other non-medical employment qualification? Yes  No

If "Yes," please give the details (include when, name of agency or academy and the circumstances):

### MILITARY SERVICE

Applicants with prior military service should submit a copy of their DD Form 214 with their application to the academy or with their application to the MCOLES Recognition of Prior Training and Experience program.

Have you ever served in the armed forces, National Guard, or military reserves? Yes  No

If "Yes", have you ever been the subject of any judicial or non-judicial disciplinary action, or discharged for less than honorable service? Yes  No

If "Yes", please give the details (include branch of service, when, where, and the circumstances):

### FINANCIAL HISTORY

The basic training academy or MCOLES may require you to submit a current financial or credit history statement to verify the information provided below.

Have you ever filed for or declared bankruptcy? Yes  No

Have any of your bills ever been turned over to a collection agency? Yes  No

Have you ever been evicted for non-payment of rent? Yes  No

Have you ever had a credit card canceled by the company for unpaid balances? Yes  No

Have you ever had purchased goods repossessed? Yes  No

If you answered "Yes" to any of the above questions, please give the details (when, firms/businesses involved, and the circumstances and final disposition):

## MOTOR VEHICLE OPERATION

Please list all traffic citations (exclude parking violations) you have received: (Attach a separate sheet if necessary)

APPROXIMATE DATE	NATURE OF VIOLATION (Initial Cause for Stop, Charge or Citation)	TICKETED Y/N	JURISDICTION/AGENCY WHERE VIOLATION OCCURRED	DISPOSITION (Final Disposition - Fine, Points, Probation, Other)

Do you currently have active violation points on your driver's license? Yes  No

If "Yes", how many points do you have? \_\_\_\_\_ pts

Has your driver's license ever been denied, suspended or revoked in this state or any other state, the District of Columbia, a possession or territory of the U.S., or Canada? Yes  No

If "Yes", please provide the details (what, when, where, and why):

Do you currently have any *restrictions* placed on your driver's license? Yes  No

If "Yes", please explain (nature of restriction and why):

Have you been involved, as a driver at fault, in a motor vehicle accident? Yes  No

If "Yes", please provide the following information:

APPROXIMATE DATE	LOCATION	INVESTIGATING POLICE AGENCY	INDICATE INJURIES

## LEGAL HISTORY

Please provide the following information if you have ever been

- interviewed by a police agency as a suspect in, or questioned about, any criminal offense (misdemeanor or felony);
- been arrested or charged with any criminal offense (misdemeanor or felony);
- convicted of any criminal offense (misdemeanor or felony) including: expungements or conviction set asides (MCL780.621); Holmes Youthful Trainee Act dispositions (MCL762.11); or drug court dispositions (MCL333.7411).

Criminal offenses and charges include, but not limited to: conservation law violations; appearance tickets; or criminal traffic violations. (NOTE: Include any diversion programs, delayed or deferred sentencing. Do not include traffic offenses that are treated as civil infractions, see Motor Vehicle Operation above). Attach a separate sheet if necessary.

APPROXIMATE DATE	POLICE AGENCY OR JURISDICTION	INITIAL CHARGE/VIOLATION OR REASON FOR QUESTIONING	FINAL DISPOSITION (Conviction, dismissal, fines, probation, jail, etc.)

Have you ever had a felony conviction “expunged” or “set aside”? Yes  No

If “Yes,” please provide the details (nature of crime, county where expunged, and when):

Have you ever been placed on court probation as an adult, or been on parole? Yes  No

If “Yes,” please provide the details (when, where, why):

Have you ever been on bail, or personal recognizance, or other release conditions from a court-ordered custody? If “Yes,” explain here: Yes  No

Have you ever been required to appear before a juvenile court? Yes  No

If “Yes,” please provide the details (when, where, why) and final disposition:

Are you now or have you ever been a plaintiff or defendant in any civil court action? Yes  No

If “Yes,” please provide the details (when, where, why):

Have you ever been a respondent to a restraining or personal protection order in this state or any other state or tribal court? A respondent is the person enjoined or prohibited from certain behaviors or actions. Yes  No

If “Yes,” please provide dates, court of jurisdiction, and circumstances of the order and final disposition. Use a separate sheet of paper if necessary.



## EDUCATION HISTORY

Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include colleges, universities, graduate schools, business and vocational schools.) Yes  No

Have you ever been subject to formal discipline procedures, short of suspension or expulsion from school for unacceptable behavior at any high school or post-secondary school? Yes  No

If "Yes" to either of the above questions, please explain (include school, date, and circumstances):

Have you ever been denied admission to, withdrew from, or dismissed from, a police training academy or criminal justice academic program? Yes  No

If "Yes", please explain (include school/academy, date, and circumstances):

### AUTHORITY: 1965 PA 203

When filling out this Personal History Statement, please keep in mind that:

1. Completion is mandatory,
2. All statements are subject to verification, and
3. Deliberately making false statements, committing fraud, or failing to disclose requested information are grounds for denying your enrollment inaccuracies or incomplete statements may bar or remove you from the basic training program and may subject you to further future sanctions by the Commissions.

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS PERSONAL HISTORY STATEMENTS ARE TRUE AND COMPLETE. I UNDERSTAND THAT ANY MISSTATEMENTS OF MATERIAL FACTS WILL SUBJECT ME TO DISQUALIFICATION OR DISMISSAL FROM THE COMMISSIONS BASIC TRAINING PROGRAM.

Candidate's Signature

Date:

I have reviewed the responses with the candidate and I am assured the he/she understands that any misstatements of material facts will subject him/her to disqualifications or dismissal from the Commission basic traing program.

Interviewer's Signature

Date:



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Please answer the following question truthfully and with intent. There are no right or wrong answers. Please write legably or feel free to type answers on an additional sheet and attach to this packet.

1. Create a career goal statement.

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2. Why are you interested in the field of law enforcement?

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3. What are some of your guiding principles and beliefs?

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4. What words would you use to describe yourself?

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5. What motivates you and how do you motivate others?

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6. List 3 people who people who have influenced you and why?

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7. What experience have you had that makes you unique?

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8. What is the most difficult situation you have had to face and how did you try to tackle it?

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9. What is the most challenging and most rewarding about protecting and serving the community?

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10. Why do you believe you would be beneficial as a law enforcement officer?

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