



APPLICATION

Entry Police and Fire

AN EQUAL OPPORTUNITY EMPLOYER M/F/H
(Rev: 11/2016)

POSITION: _____

PLEASE READ: Applications for this position will only be accepted as stated below. All spaces should be completed. If not applicable to you, please indicate "N/A" in the space. This application shall be judged for accuracy, completeness and professional presentation.

THE CITY OF GARDEN CITY ONLY ACCEPTS APPLICATIONS FOR OPEN, ADVERTISED POSITIONS. COMPLETED APPLICATIONS WILL ONLY BE ACCEPTED BY THE HUMAN RESOURCES OFFICE FROM THE PERSON MAKING SUCH APPLICATION. APPLICANTS WILL NEED TO PROVIDE A VALID MICHIGAN DRIVERS LICENSE TO THE HUMAN RESOURCES OFFICE AND **MUST SIGN THE APPLICATION IN FRONT OF THE HUMAN RESOURCES OFFICE STAFF.**

PLEASE PRINT OR TYPE

PERSONAL

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

1. Your Name:			
<i>Last</i>	<i>First</i>	<i>Middle</i>	
Other names (including nicknames) you have used or been known by:			
2. Please list address at which you can be contacted:			
<i>Number</i>	<i>Street</i>	<i>City</i>	<i>State:</i>
		<i>Zip Code:</i>	
3. Please list the local telephone number(s) at which you can be contacted:		() _____ Hrs. you can be contacted:	() _____ Hrs. you can be contacted:
4. Birthdate: (Month) (Day) (Year)		5. You must be a citizen of the U.S. or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation? Yes No	
6. Social Security Number:		In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.	
7. For the purposes of identification, please provide the following:			
Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____			
Scars, tattoos, or other distinguishing marks:			

EDUCATION

The Garden City Civil Service Commission Rules and Regulations require police officers and firefighters to possess a high school diploma or equivalent. Please indicate your current situation with regard to this requirement by checking one of the appropriate boxes.

- I possess a high school diploma from an U.S. institution.**
- I passed the G.E.D. (General educational Development) test.**
- I passed the California High School Proficiency Examination.**
- I possess a two-year college degree.**
- I possess a four-year college or university degree.**

Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name of School	Location of School (City & State)	Dates Attended		School References (teachers, counselors, etc.)
		From Month/Year	To Month/Year	

RESIDENCE

Individuals who have become acquainted with you by reason of your residing in different locations are often helpful in providing useful information for the background investigation.

Please list all of your residences during the last 10 years (list no information prior to your 15th birthday). Begin with your most current residence.

Residence Address	City/State/Zip Code	Dates		If rented, give name/address of person responsible for collection of rent.
		From Month/Year	To Month/Year	

EXPERIENCE AND EMPLOYMENT

Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have had in the last 10 years. (For the purpose of this personal history statement, volunteer work should be included as employment). For identification and verification, please indicate the nature of the activity; (i.e. full-time, part-time, or voluntary). If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

Dates of Employment	Employer Name & Address	Name of Supervisor
From To Mo. Yr. Mo. Yr. ____/____ ____/____		
Full-Time Part-Time Voluntary		Title or duties:
	Name(s) of Co-Workers:	
Reason for leaving:		

**City of Garden City
Police Officer or Firefighter Application**

EXPERIENCE AND EMPLOYMENT (continued)

Military Service	Not Employed	From:	Month Year /	To:	Month Year /
Dates of Employment	Employer Name & Address			Name of Supervisor	
From To Mo. Yr. Mo. Yr. ____/____ ____/____				Telephone No.	
Full-Time Part-Time Voluntary	Title or duties:			Name(s) of Co-Workers:	
Reason for leaving:					
Military Service	Not Employed	From:	Month Year /	To:	Month Year /
Dates of Employment	Employer Name & Address			Name of Supervisor	
From To Mo. Yr. Mo. Yr. ____/____ ____/____				Telephone No.	
Full-Time Part-Time Voluntary	Title or duties:			Name(s) of Co-Workers:	
Reason for leaving:					
Military Service	Not Employed	From:	Month Year /	To:	Month Year /
Dates of Employment	Employer Name & Address			Name of Supervisor	
From To Mo. Yr. Mo. Yr. ____/____ ____/____				Telephone No.	
Full-Time Part-Time Voluntary	Title or duties:			Name(s) of Co-Workers:	
Reason for leaving:					

EXPERIENCE AND EMPLOYMENT (continued)

Military Service	Not Employed	From:	Month Year /	To:	Month Year /
Dates of Employment	Employer Name & Address		Name of Supervisor		
From To Mo. Yr. Mo. Yr. ____/____/____			Telephone No.		
Full-Time Part-Time Voluntary	Title or duties:		Name(s) of Co-Workers:		
Reason for leaving:					
Military Service	Not Employed	From:	Month Year /	To:	Month Year /
Dates of Employment	Employer Name & Address		Name of Supervisor		
From To Mo. Yr. Mo. Yr. ____/____/____			Telephone No.		
Full-Time Part-Time Voluntary	Title or duties:		Name(s) of Co-Workers:		
Reason for leaving:					
Military Service	Not Employed	From:	Month Year /	To:	Month Year /
Dates of Employment	Employer Name & Address		Name of Supervisor		
From To Mo. Yr. Mo. Yr. ____/____/____			Telephone No.		
Full-Time Part-Time Voluntary	Title or duties:		Name(s) of Co-Workers:		
Reason for leaving:					

EXPERIENCE AND EMPLOYMENT (continued)

Would any problems result if your present employer was contacted during the course of the background investigation?
YES NO

If "NO" when should such contact be made? _____

If you have had no prior employment, please explain in the space below:

Have you had any extended work absences for reasons other than earned vacations?
YES NO

If "YES" please explain (include when, name of employer, why):

RELATIVES AND 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. Inquiries will be confined to job-relevant matters.

Please supply the appropriate information in the spaces below. If a category is not applicable, write "N/A".

If living, name of your:	Addresses where person can be contacted (include city, state and zip code):	Telephone number at which person can be contacted (include area code):
Father	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Mother	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Father-in-Law	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Mother-in-law	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other

RELATIVES AND REFERENCES (continued)

Spouse	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Former Spouse(s)	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other

Brother(s) and Sister(s)	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Step-Mother	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Step-Father	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Step-Brother(s)/Sister(s)	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other

Other relatives with whom you have a close personal relationship (include children)

Name	Relationship	Address	Telephone
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other

RELATIVES AND REFERENCES (continued)

Below list those individuals with whom you have resided during the last 10 years (list no information prior to your 15th birthday). Exclude family members.

	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other

In the space below, please list as references 3-5 individuals who have knowledge of you and your qualifications. Exclude relatives and former employers.

	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other

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:
Are you <u>currently</u> participating in any military reserve or National Guard Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Military Service (continued)

Have you ever been the subject of any military or non-judicial disciplinary action while in the military, National Guard or military reserves? Yes No
If "Yes", please give details below (include branch of service, when, where, circumstances):

LEGAL

If you have ever been arrested or convicted for any crime (excluding traffic citations), please give the following information. (The fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you should answer this question.)

APPROXIMATE DATE:	POLICE AGENCY:	CIRCUMSTANCES:	OUTCOME

Have you ever been placed on court probation as an adult? Yes No
If "Yes", please give details below (include when, where, why).

Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult? Yes No
If "Yes", please give details below (include when, where, why).

Legal (continued)

Have you ever been reported to a law enforcement agency as a missing person or a runaway? If "Yes", give details below (include date, law enforcement agency, circumstances).	Yes	No
Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? If "Yes", please give details (include when, where, name and location of court, circumstances).	Yes	No

MOTOR VEHICLE OPERATION

Operation of a motor vehicle is an integral part of the position of police officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

Michigan Driver's license number:	Expiration date:
Name under which license is granted:	

Please list other states where you have been licensed to operate a motor vehicle:			
STATE:	STATE:	STATE:	STATE:
Name under which license was granted:	Name under which license was granted:	Name under which license was granted:	Name under which license was granted:
Have you ever been refused a driver's license by any state? Yes No If "Yes", please explain below (include when, where, why).			

MOTOR VEHICLE OPERATION (continued)

Please list all traffic citations (exclude parking citations) you have received within the last five (5) years.			
Nature of Violation	Location (City)	Approximate Date	Indicate whether fined or action taken on driver's license.

Have you ever been involved as a driver in a motor vehicle accident within the last five (5) years? Yes No		
If "Yes", please give details below.		
Date:	Location:	Injury Non-injury

MOTOR VEHICLE OPERATION (continued)

If there is anything you wish to discuss about your driving record (please use the space below).

Has your license ever been suspended, revoked, or placed on negligent operator's probation? Yes No
If "Yes", please give details below (include what, when, where, why).

GENERAL INFORMATION

Have you previously applied for employment with the City of Garden City?
Yes No

If "Yes", please provide details below (include dates and positions applied for).

Date: _____ Position: _____

Date: _____ Position: _____

Have you reviewed the job description of the position for which you are applying?
Yes No

If yes, can you perform the job functions contained in the job description with or without reasonable accommodations? Yes No

Have you ever applied for a permit to carry a concealed weapon? Yes No

If "Yes", please provide the following information:

Permit Granted: Yes No	Date:	Name of Law Enforcement Agency:
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Purpose:

GENERAL INFORMATION (continued)

Are you currently certified by the Michigan Coalition on Law Enforcement Standards (MCOLES)? Yes No If "Yes", please provide the following:		
Date Certified:	Agency:	Current Employer Past Employer Date Left: _____
If you are not currently certified , are you certifiable (or are enrolled in an academy currently)? Yes No If yes, please provide the following:		
Academy Attended:	Address:	Graduation Date:
Have you taken the EMPCO Entry Level Exam within the last twelve (12) months? Yes No If yes, provide the following:		
Date of Test:	Testing Location:	Score (if known):

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I hereby certify that all of the question responses, information and facts I have supplied in this Application are true, complete, and accurate. I understand and agree that any false statements, misstatements, or omissions in the information and facts that I supply in this Application shall lead to the City's cancellation of this Application, or in the event that I have been hired, shall lead to my immediate termination of employment at any time during my employment

For the purpose of determining physical fitness for employment, I hereby waive and shall hold the City of Garden City harmless for any injuries which may be sustained by me as a result of my participation in any physical agility test or physical strength test conducted by the City or any agent of the City, as a part of its testing process for which I may participate.

Michigan law requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer. Handicapped employees and applicants may request an accommodation of their handicap by notifying the City in writing of the need for accommodation within 182 days of the date the handicapper knows or should know that an accommodation is needed. Failure to properly notify the City will preclude any claim that the employer failed to accommodate the handicapper.

I authorize the references and previous employers listed above to provide any and all information concerning any previous employment and pertinent information, including disciplinary information, they may have, personal or otherwise. I also authorize the City to provide any and all information, including disciplinary information, concerning my employment with the City, personal or otherwise, to any subsequent or prospective employer (s). I release all parties from all claims for liability for any damages that may result. I specifically waive any right to be notified under the Michigan Bullard-Plawecki Act of the release of personnel file information by prior employers and the release of personnel file information to subsequent or prospective employers by the City.

I hereby authorize the City to contact any schools, educational institutions, military organizations or other persons listed in this application and authorize those schools, educational institutions, military organizations and other persons to release to the City any academic, service or performance records. I hereby release said schools, educational institutions, military organizations and other individuals from any and all liability and damages for releasing said records.

In consideration for my employment, I hereby agree to comply with all rules, regulations and policies established by the City of Garden City for its employees including such new or revised rules, regulations and policies as may be subsequently established. I understand that the City of Garden City may, from time to time, make unilateral changes in its rules, regulations and personnel practices and policies that will affect me and that my employment may be subject to unilateral adjustments in compensation, fringe benefits, and other terms and conditions of employment, including layoffs. I further hereby expressly agree that my employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either the City of Garden City or myself, except as provided in any applicable

**City of Garden City
Police Officer or Firefighter Application**

employment agreement, statute, or collective bargaining agreement. I further understand and agree that no official, employee, officer, agent or representative of the City of Garden City other than the City Manager, has any authority to enter into any agreement for employment, or agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Any agreement contrary to the foregoing must be made in writing and signed by me and the City Manager or must be contained in an applicable collective bargaining agreement.

Signature: _____ **Date:** _____

Printed/Typed Name: _____

This Application and the attached Dispute Resolution Agreement require signatures in front of appropriate office staff with picture identification (driver’s license required for positions which require a valid driver’s license as a minimum qualification) or a certified copy of your birth certificate.

If additional space is needed for any category, attach additional sheets.

PLEASE COMPLETE THE VOLUNTARY SURVEY ON THE NEXT PAGE.

**City of Garden City
Police Officer or Firefighter Application**

PERSONNEL/OFFICE STAFF USE ONLY: PICTURE I.D./DRIVER'S LICENSE VERIFICATION

I.D. SOURCE: _____ NUMBER: _____ TYPE: _____

EXPIR.DATE: _____ STAFF SIGNATURE: _____

VOLUNTARY SURVEY

Employees/applicants are treated during employment without regard to race, color, religion, sex, national origin, age, marital status or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of this information is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this information is optional. If you choose to volunteer the requested information please note that this information is kept in a confidential file and is not a part of your application or personnel file. **YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY INFORMATION WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

Government agencies at times require periodic reports on the sex, ethnic, handicap and other protected status of employees and applicants. This data is for statistical analysis with respect to the success of the Affirmative Action Program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Name: _____ Address: _____

City/State/Zip: _____ Phone: _____

SEX: _____ MALE **ETHNIC ORIGIN:** _____ WHITE _____ BLACK
 _____ FEMALE _____ AMERICAN INDIAN _____ HISPANIC
 _____ ALASKAN NATIVE
 _____ ASIAN/PACIFIC ISLANDER
 _____ OTHER: _____

HOW DID YOU FIND OUT ABOUT THIS JOB?

- _____ ADVERTISEMENT(Please specify publication): _____
- _____ FRIEND
- _____ RELATIVE
- _____ WALK-IN
- _____ EMPLOYMENT AGENCY
- _____ OTHER(Please specify): _____

GARDEN CITY DISPUTE RESOLUTION AGREEMENT

If you wish to be considered for employment with the City of Garden City (hereafter referred to as the “City”) and as a condition of employment with the City you must read and sign this Dispute Resolution Agreement (hereafter referred to as the “Agreement”).

I understand that disputes may arise between the City and me during the employment application and hiring process or during my employment with the City. Except for suits seeking only injunctive relief, both I and the City agree to resolve any and all claims, disputes or controversies (“Claims”) brought by me against the City or any of its elected officials, officers or employees or by the City against me that arises out of or relates to my application for employment with the City, employment with the City and/or termination or cessation of employment with the City exclusively by final and binding arbitration conducted by a single neutral arbitrator (“Arbitrator”). These Claims include but are not limited to, tort or breach of contract claims, common law claims, employment discrimination claims under all state and federal civil rights or employment statutes, claims of wrongful termination in violation of public policy, and claims under the Michigan Elliott-Larsen Civil Rights Act or Persons With Disabilities Civil Rights Act, Michigan Whistleblower’s Protection Act, the Michigan Constitution or United States Constitution, the Federal Age Discrimination in Employment Act, Family and Medical Leave Act, Rehabilitation Act of 1972, Americans With Disabilities Act, federal civil rights statutes under 42 U.S.C. Sections 1981 and 1983, and Title VII of the Civil Rights Act of 1964, as amended, including the Civil Rights Act of 1991. This Agreement shall be enforceable under and subject to the Michigan Arbitration Act, MCL 500.5001, a copy of which is attached to this Agreement. **I understand and agree that under this Agreement I have waived and surrendered my rights to take any claims to court or to have a jury trial.** If a court finds any provision of this Agreement unenforceable, the remaining provisions of this Agreement shall be effective and enforceable to the fullest extent permitted by law.

I understand and agree that any and all Claims covered by this Agreement shall be resolved in binding arbitration in accordance with the voluntary labor arbitration rules of the American Arbitration Association (“AAA”), and judgment upon the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. The following provisions describe the operation of the arbitration procedure and must be observed by me and the City:

- 1. Both parties agree that within three hundred calendar (300) days of an occurrence(s) giving rise to a claim under this Agreement, the City or I shall commence any claim covered by this Agreement by delivering to the other a written statement of the Claims and demand to proceed to arbitration (hereafter “Statement”). I and the City agree to waive any federal or state law statute of limitations that provide any greater period of time for filing Claims. The Statement shall contain a statement describing the legal basis for the Claim(s) and the facts that support the Claim(s), the amount of damages involved, if any, and the remedy sought.**
2. Within fifteen (15) calendar days of a party’s actual receipt of the Statement, the City shall forward the Statement to the American Arbitration Association (hereafter “AAA”) in compliance with the filing requirements of the AAA. The City shall at the same time notify me in writing of the filing of the Statement with the AAA. A single neutral arbitrator shall be selected by the by me and the City in accordance with the labor arbitration rules and procedures of the AAA. The arbitrator shall have the power to hear and render a binding decision on all Claims and shall have the authority to award all or any remedies recognized by any applicable statute and case law. Both I and the City are entitled to representation of counsel before and at arbitration, and to conduct pre-hearing discovery including depositions, requests for production of documents and interrogatories under the supervision of the arbitrator. The arbitrator shall have the power to order discovery and to issue and enforce subpoenas and other compulsory process as provided under the Michigan Court Rules. The Arbitrator shall have the power to conduct hearings, summon witness, consider all evidence and shall render a reasoned written decision.

**City of Garden City
Police Officer or Firefighter Application**

3. I agree that I and the City are solely responsible for the fees and costs of our individual legal counsel, except as the recovery of costs or fees are expressly allowed under any applicable statute.
4. The expenses and fees of the AAA and arbitrator shall be paid solely by the City directly to AAA in such a manner that the Arbitrator is not informed of the identity of the payee; except where I request to share equally the expenses of the AAA and Arbitrator.
5. The deadline for the filing of the Statement under this Agreement is substantive and may only be extended by the written agreement of both myself and the City. The day on which the event giving rise to any Claim occurs shall not be counted for the purposes of the filing time limits. Any Claim covered this Agreement shall be deemed barred and waived if it is not filed within the time limits provided in this Agreement. This Agreement shall survive any termination of employment and termination of this Agreement.

I acknowledge and agree that if I or the City files a lawsuit regarding any Claims covered by this Agreement, that the I or the City shall use this Agreement to support a request to a court to dismiss the lawsuit and order submission of any Claims to arbitration under this Agreement. I also understand that this Agreement does not prohibit my rights to file administrative complaints with the Equal Employment Opportunity Commission, does not affect applicable rights or remedies specifically covered by a labor union contract, and does not limit rights available under the Michigan Public Employment Relations Act, Michigan Firefighters and Police Civil Service Act or other laws exempted from dispute resolution by private arbitration. **This Dispute Resolution Agreement affects legal rights under federal and state law. I acknowledge that I have been advised of the right to seek advice of counsel and allowed five (5) business days to consider this statement before signing this Agreement and have been provided a period of three (3) business days following the date of signing this Agreement to withdraw my consent to this Agreement.**

AGREED:

Signature

Date

Print Name

Human Resources Staff
City of Garden City

Date