



Houghton Police Department

Police Officer (Full-time)

Opening Date: June 19, 2025

Closing Date: July 16, 2025

Contact Information:

Polly Salmi – Office Manager

policedepartment@cityofhoughton.com

906-482-2121

Overview

The City of Houghton Police Department is seeking a full time Police Officer. Employees at all levels are selected based on their qualifications, skills and abilities.

The City of Houghton Police Department offers competitive wages and benefits.

The City of Houghton is an equal opportunity employer and provider.

Salary: \$32.63 per hour with a 6% pay increase July 1st 2026.

Applications will be accepted until July 16th, 2025. Interested applicants can submit their application to the City of Houghton Police Department.

Applicants will be required to submit to and pass a drug test.

Position Summary

This position is within the Houghton Police Department, performing enforcement of laws and ordinances, crime prevention, investigations, arrests, community policing, along with any related police matters.

Employment Qualifications

- U.S Citizen
- Associate's degree preferred, OR waiver of associate's degree for prior military experience.
- 21 years of age or older
- Must possess current Commission on Law Enforcement Standards (MCOLES) licensing or be licensable prior to job posting deadline.
- Must maintain a valid Michigan driver's license and have a good driving record.
- Must maintain State of Michigan mandated firearms qualification
- Demonstrates dependability, reliability, professionalism, and ethical behavior.
- Ability to work successfully in a sometimes-high stress environment, handling multiple tasks and

projects simultaneously.

- Excellent judgement skills in terms of interpersonal communications and ability to be flexible and adapt to changing work situations
- Demonstrates knowledge and ability to apply constitutional law, substantive criminal law, criminal procedure, juvenile law, the law of evidence, criminal and non-criminal investigation techniques, court functions and civil law, crime scene processing, patrol procedures and techniques, civil liability, criminal and noncriminal report writing, court testimony procedures, parking violations and ticket writing procedures, motor vehicle crash investigation and preparation of the Uniform Traffic Crash Report, and physical security procedures.
- Demonstrates experience working collaboratively with staff, students and the public with tact and courtesy.
- Effective oral and written communication skills.
- Must possess excellent customer service skills
- Basic computer knowledge and experience using standard word processing software, such as Microsoft Word and basic use of e-mail systems.
- Ability to use discretion in regard to matters of confidentiality interactions and decision making.
- No Domestic Violence convictions or Felony Convictions.
- No drug use including marijuana/THC or illicit.
- Prior to the date of hire, selected candidates will undergo and must successfully pass a drug test, physical, psychological exam, and a thorough background investigation.

Working Conditions

- ☐ Required to deal with people in various states of intoxication and emotional and mental conditions.
- ☐ Required to work outside in all sorts of weather.
- ☐ Exposure to extreme changes in temperature.
- ☐ Exposure to a variety of foul odors.
- ☐ Exposure to contact with bodily fluids of others.
- ☐ Exposure to assault by individuals with various weapons.
- ☐ Exposure to blood-borne pathogens.
- ☐ Exposure to homes in various states of cleanliness and hygiene.
- ☐ Exposure to individuals with various communicable diseases and health concerns.

Physical Requirements

Traverse difficult terrain; strength and stamina to physically restrain suspects; running, climbing, standing, squatting, and sitting for prolonged periods of time; occasionally lift and carry over 100 pounds; strength to subdue persons and to drag, carry and lift persons and objects; vision to read printed materials and computer screens; and hearing and speech to communicate in person or over the radio/telephone.

The physical demands described herein are representative of those that must be met by an employee to successfully perform the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Fill out the application on the following pages and return to the Houghton Police Department:

Email to policedepartment@cityofhoughton.com or drop off/mail to 616 Sheldon Ave, Houghton MI 49931

CITY OF HOUGHTON

Employment Application
Police Department



APPLICANT INFORMATION

Last Name		First		Middle	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available				Date of Birth:	
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Are You:		Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Maiden Name if Applicable		Any Alias			

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references.

Full Name		Relationship
Company		Phone ()
Address		

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DRIVER'S LICENSE

Do you presently have a Michigan Driver's License?

If so, please attach a copy of the license to this application as well as your driving record from the Secretary of State

If you do not have a valid Michigan Driver's License, please provide a copy of your license and driving record from another state.

DISCLAIMER/AUTHORITY TO RELEASE INFORMATION/SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

The City of Houghton adheres to USDOT policy, Section 40.25

This provision requires employers to check on the drug and alcohol testing background of new hires and other employees beginning safety-sensitive work. Employers would have to get written consent from the applicant (in the absence of which the employer would not hire the person). The employer sends the request for information and the employee's consent to all other employers for whom the employee had worked within the previous two years.

The employer cannot let the employee perform safety-sensitive duties for more than 30 days unless the employer has obtained, or made and documented a good faith effort to obtain, the required information from previous employers (as well as from firms to whom the employee applied for safety-sensitive work, where there was a positive test result or a refusal). If the employer finds that the employee has a violation on his record, and the employee has not successfully completed the return-to-duty process, the employer must immediately stop using the employee to perform safety-sensitive functions.

I consent to the release of information concerning my capacity and/or all aspects of prior job performance by employers, educational institutions, law enforcement agencies for the purpose of determining my eligibility and suitability for employment.

Signature

Date



CITY OF HOUGHTON

POLICE DEPARTMENT

616 Sheldon Avenue, P.O. Box 606

Houghton, Michigan 49931

Phone: (906) 482-2121

Fax: 906-482-0353

email: policedepartment@cityofhoughton.com

Authorization for Release of Records

In order to determine my suitability for employment with the Houghton Police Department, the Houghton Police Department is conducting a personal background investigation.

I, _____ do hereby authorize any military organization, educational institutions, governmental agencies, banks and credit agencies, former and present employers, and individuals to furnish to the Chief of Police, City of Houghton, MI or the authorized agent, all information regarding me, whether or not it is in their records. I hereby release them from civil or criminal liability whatsoever for issuing the same.

I understand that all information gathered during the course of this investigation is to be held in the strictest of confidence.

I hereby certify that there are no willful misrepresentations or falsifications of my statements and answers to the questions. I am aware that should an investigation disclose such misrepresentation or falsification, my application will be rejected.

Signature

Date

Witness

04/2018

Michigan Commission on Law Enforcement Standards
927 Centennial Way, PO Box 30633, Lansing, MI 48909
517-636-7864

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 [†] :	Race [‡] :
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 _____¹, 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 _____¹.

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:
----------------------	---------------

*****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 _____¹, 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:
----------------------	---------------

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.

¹ Type or print the name of the hiring law enforcement agency or the enrolling academy.