



EMMET COUNTY

APPLICATION FOR EMPLOYMENT

Emmet County is an Equal Opportunity Employer

Human Resources Department
200 Division Street
Petoskey MI 49770
(231) 348-0675
(800) 615-7558
fax: (231) 348-0633
website: www.emmetcounty.org

It is the policy of Emmet County to afford an equal employment opportunity regardless of a person's race, religion, color, national origin, sex, age, marital status, height, weight, or disability.

PERSONAL			
Name (Last, first, middle)			
Address (Street, city, state, zip code)			How many years?
Telephone			Social Security Number / /
Previous address (Street, city, state, zip code)			How many years?
Specify any days or times you are not available for work:			
Position Applied for:	Salary Expectation: \$ Per	Date Available for work:	Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Have you ever been employed by Emmet County? _____ Yes _____ No		Date Started	Date Left
In what Department?	In what job position?	Reason for leaving?	

Are you a U.S. Citizen	If you are not a U.S. Citizen, do you have a legal right to remain in the United States? _____ Yes _____ No
	If employed, can you submit verification of your legal right to remain in the United States? _____ Yes _____ No

What prompted your application? _____

Do you have a telephone at your place of residence? _____ Yes _____ No

Do you have a reliable form of transportation available to you to go to and from work? _____ Yes _____ No

MILITARY SERVICE			
Service	Branch	Dates of Service From To	
Were you honorably discharged?		Reserve status	
Specialized training and duties:			

Revision date 04/15/10

Employment History

List your last three employers, or all employers for the last ten years, whichever is greater. Attach additional signed sheets if necessary. Also list and explain any period(s) of unemployment. Please answer all inquiries. "See Resume" is not acceptable.

Employer's Name		Dates (month and year): From: To:
Address (Street, city, state, zip code)		Telephone
Supervisor (Name & Title)	Your title	Salary
Duties & responsibilities		
Reason for leaving		
Employer's Name		Dates (month and year): From: To:
Address (Street, city, state, zip code)		Telephone
Supervisor (Name & Title)	Your title	Salary
Duties & responsibilities		
Reason for leaving		
Employer's Name		Dates (month and year): From: To:
Address (Street, city, state, zip code)		Telephone
Supervisor (Name & Title)	Your title	Salary
Duties & responsibilities		
Reason for leaving		

Have you ever been discharged by an employer or resigned in lieu of discharge? _____ Yes _____ No

Have you ever been disciplined (other than discharged) by an employer? _____ Yes _____ No

If you answered yes to any of the previous questions, explain all such incidents, giving facts, dates, describing any action you took and any resolution, on an attached signed sheet.

EDUCATION		
Total number of years of formal education from and including, first grade:		
SCHOOL	LOCATION	DEGREE
High School		
Business School		
College/University		
Trade/Vocational School		

Extracurricular activities & honors received in school:

Professional Licenses, Registrations, and/or Certifications

List all types of any licenses or certificates which have been issued to you (including national certifications) and identify the state or organization which issued them. Attach additional pages if necessary.

Have you ever had any license or certification placed under investigation, disciplinary action, suspended, revoked or put on probation? _____ Yes _____ No

Have you ever been denied a license or certification? _____ Yes _____ No

If you answered yes to either of the above questions, explain in detail on an attached signed statement your reason for leaving.

Miscellaneous

Do you have any felony charges pending against you? _____ Yes _____ No

Have you ever been convicted of or pled guilty or no contest to a crime (felony or misdemeanor)? _____ Yes _____ No

If so, explain the date, nature of the offense and circumstances on an attached, signed statement.

Are you 18 years of age or older? _____ Yes _____ No

Do you have any relatives employed by this employer? _____ Yes _____ No

If yes:

Name: _____

Relationship: _____

Department: _____

In Case of Emergency Notify:

(Name) (Address) (Telephone)

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

	Name	Address	Telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Applicant Statement

I affirm that the information provided in this application (and accompanying resume, if any) is true and complete. I understand and agree that any false information, misrepresentations, or omissions may disqualify me from further consideration for employment or may result in discipline or dismissal if discovered at a later date.

I authorize Emmet County to investigate all statements contained in this application through all references and resources concerning me, including, but not limited to, school records, records of licensing or certification agencies, disciplinary records of any current or former employers, and/or law enforcement records. I authorize all such references and resources, and Emmet County, to release this information without liability for giving it. I waive any written notice of the release of such records that may be required by State or federal law.

Should I receive a conditional offer of employment, I agree to submit to a physical medical examination, which may include a drug test. I authorize any physician or entity conducting such examination or test to release the results of such examination or test to Emmet County.

I understand that, if I have a protected disability that affects my ability to perform the essential functions of the job I seek, I may ask Emmet County to make a reasonable accommodation for it. I must make my request in writing to the Emmet County Assistant Controller/Human Resources Director as soon as possible, and under the Michigan Persons with Disabilities Civil Rights Act, as amended, such notice must be given no later than 182 days after the date I know or reasonably should know that accommodation is needed.

I understand and agree that, if I am hired, unless covered by a collective bargaining agreement or other written agreement to the contrary which is signed by me or on my behalf as a bargaining unit member, my employment is at will and that it may be terminated, either by me or by Emmet County, at any time, with or without notice or cause. It is with this understanding of Emmet County's right to make discharge decisions, that I will accept the employment offered to me.

Date _____

(Signature of Applicant)

Date _____

(Signature of Interviewer)