

APPLICATION FOR EMPLOYMENT

County of Hillsdale, Michigan An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

PERSONAL INFORMATION

Each question should be answered fully and accurately. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Name: _____ Date: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Telephone: (_____) _____ Home Cell (_____) _____ Cell Work
If work, please call in confidence.

Social Security Number: _____ E-mail address: _____

Are you authorized to work in the United States? Yes No

Are you 18 years of age or older? Yes No

Have you served in the U.S. Armed Forces? Yes No If yes, Rank _____ Branch _____

If the job you are applying for requires driving a vehicle, do you have a valid driver's license? Yes No

If yes, provide your drivers license number: _____

Is your license currently, or has it ever been revoked, suspended or restricted? Yes No

If yes, please explain: _____

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, state when, where, and the nature of the offense: _____

(A "Yes" answer does not automatically disqualify you from employment, because the nature of the offense, date, and the job for which you are applying will also be considered.)

EMPLOYMENT DESIRED

This application will only be considered for the open position listed and will expire when the open position is filled.

Position applied for: _____ Department: _____

Applying for? Full Time Part-Time Temporary On-Call Seasonal

Are you available to work nights and weekends when required by the position you have applied for? Yes No

Specify days and hours that you would **NOT** be available to work: _____

Are you currently employed? Yes No Date you are available to start work: _____

List any relatives currently employed by the County of Hillsdale: _____

EMPLOYMENT HISTORY

Please give an accurate, complete full-time and part-time employment record. Start with present or most recent employer, and go back a minimum of ten (10) years. Do not omit any employment during that time. Attach additional sheets if necessary. **Answer each question completely and accurately. "See Resume" is not acceptable.**

Name and address of employer	Employment dates	Pay rate	Job responsibilities
	From: ___/___/_____	To start \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.	May we contact this employer for a reference prior to a job offer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position held/Job Title: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	To: ___/___/_____	Upon leaving \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.	
Supervisor's Name & Title	Work Telephone	Reason for leaving (Please explain) <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	
Name and address of employer	Employment dates	Pay rate	Job responsibilities
	From: ___/___/_____	To start \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.	May we contact this employer for a reference prior to a job offer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position held/Job Title: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	To: ___/___/_____	Upon leaving \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.	
Supervisor's Name & Title	Work Telephone	Reason for leaving (Please explain) <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	
Name and address of employer	Employment dates	Pay rate	Job responsibilities
	From: ___/___/_____	To start \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.	May we contact this employer for a reference prior to a job offer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position held/Job Title: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	To: ___/___/_____	Upon leaving \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.	
Supervisor's Name & Title	Work Telephone	Reason for leaving (Please explain) <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	

EDUCATION

Name of High School, College, Trade or Technical Schools	City and State	Did You Graduate?	Course of Study/Degree Received/Certifications
High School:		Yes____ No____ G.E.D. ____	
College, Trade or Tech:		Yes____ No____	
College, Trade or Tech:		Yes____ No____	

PROFESSIONAL REFERENCES

List below the names of three persons who have direct knowledge of your skills, experience and fitness for the position or field for which you are applying:

Full Name	Business or Home Address	Occupation	Telephone Number

CERTIFICATION

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, investigative consumer reports, driving record, and criminal history. I authorize any person, school, current and former employer, consumer reporting agency, and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the nature and scope of any investigation.

I understand I may be required to successfully pass a drug-screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of being hired or of my continued employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Applicant signature _____ Date _____
