

## APPLICATION FOR EMPLOYMENT

Have you ever filed an application with us before?     Yes     No  
 If yes, when \_\_\_\_\_

Position Applied for:
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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 to work:		What shift(s) are you willing to work?
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 Alpena County?	Date Started:	Date Left
In what Department?	In What Position?	Reason for leaving:
If employed, can you submit verification of you legal right to remain in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your spouse or any relative employed by Alpena County? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, - Name(s):		
What Prompted your Application?		
Do you have a reliable form of transportation available to you to go to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### **Military Service**

Service:	Branch:	Dates of Service From            To
Were you honorably discharged?		Reserve Status:
Describe any specialized training and duties:		

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

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

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

How much time have you missed from work in the past twelve months?

Do you have a valid drivers license?  Yes  No

### **EDUCATION**

SCHOOL	LOCATION	DEGREES
High School		
Business School		
College/University		
Trade/Vocational School		
Extracurricular activities & honors received in school		

### **PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS**

List all states in which you are or have been licensed or certified and any national certifications. Attach additional pages if necessary.

Have you ever had any professional license or certification placed under investigation, disciplined, suspended, revoked or 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.

**EMPLOYMENT HISTORY:** List your last four employers or all employers for the last ten years, whichever is greater. Use additional sheets of necessary. Also list and explain any period(s) of unemployment. Please answer all inquiries. A “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			
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			

MISCELLANEOUS

Do you have any felony charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any misdemeanor charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted or pled guilty or nolo contendere to a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to any of the three preceding questions, explain by giving the date, nature of the offense and circumstance on an attached, signed statement. Conviction of a crime will not necessarily disqualify an applicant from employment.
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you perform the essential job duties of the job for which you have applied, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>References:</u> Give the name, address and telephone number of three references who are not related to you:  1.  2.  3.

**CERTIFICATION**

I understand that I may be required to submit to a post-offer physical examination, which may include a drug test prior to beginning employment and that I must satisfactorily pass such an examination to obtain employment.

I have read and fully understand the questions on this application for employment. I have completely, truthfully and accurately answered each and every question to the best of my knowledge. I understand that all the inquiries on this application are subject to verification and authorize any schools that I have attended, licensing and certification boards and current and previous employers to release any requested information to Alpena County. I also specifically waive written notice from any and all former employers regarding their disclosure to Alpena County of any prior disciplinary action and waive any claim against Alpena County and current or former employers arising from such investigation or disclosure. I understand that any misrepresentation of the information I have supplied or failed to supply can result in a rejection of this application or, if I have been hired, an immediate dismissal at the sole discretion of Alpena County.

I understand and agree that in the absence of an express written contract or agreement to the contrary, signed by an authorized representative of Alpena County and by me or my authorized representative, any employment I accept shall be for an indefinite term and may be terminated at any time with or without cause either by me or at the will and sole discretion of Alpena County, regardless of any contrary provisions in any other forms, manuals, handbooks or other documents. Similarly, such employment shall be at wages, benefits, hours and conditions as Alpena County may determine and change from time to time, and I agree to abide by the rules, regulations, policies and procedures that may be established from time to time. I understand that no one, other than an authorized representatives of Alpena County, has any authority to enter into an agreement with me contrary to the provisions of this paragraph, and that any such agreement must be in writing and signed by such authorized representative or it shall not be effective.

It is with full understanding and agreement with the provisions of this Certification that I will accept any employment offered to me.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

file WORD:Employment Application 2008