



## ALPENA COUNTY APPLICATION FOR EMPLOYMENT

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**To the Applicant:** We appreciate your interest in our Firm and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications. You may complete this application now or return the completed application at a later time. You may show this application to any person of your choice.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, the presence of a medical condition or disability, height, weight or any other protected status.

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### PERSONAL

Name: \_\_\_\_\_ Date of Application \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Number (area code) \_\_\_\_\_ Cell Number (area code) \_\_\_\_\_

Are you 18 years or older? Yes No

Are you a US citizen? (not applicable in California) Yes No

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

Have you been previously employed here? Yes No

If yes, date(s) \_\_\_\_\_

Supervisor Name(s) \_\_\_\_\_

Have you filed an application before? Yes No

If yes, date(s) \_\_\_\_\_

List any friends or relatives working here:

\_\_\_\_\_

What method of transportation will you use to come to work?

\_\_\_\_\_

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**EMPLOYMENT DESIRED:**

Position(s) applied for \_\_\_\_\_

Desired:                      Full time                      Part time

Other \_\_\_\_\_

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applying for?

\_\_\_\_\_

Salary desired: \_\_\_\_\_

Date available for work \_\_\_\_\_

**Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Under Michigan law only, disabled employees and applicants may request an accommodation of their disability by notifying the firm in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's right under the Americans with Disabilities Act. Failure to properly notify the firm may preclude any claim that the employer failed to accommodate the disabled individual.**

**EMPLOYMENT EXPERIENCE (List current or most recent job first)**

Employer	Work Duties and Performance				
Address					
City				State	Zip
Phone Number (area code)					
Hourly Rate/Salary				Start:	Final:
Job Title					
Supervisor					
Date Employed				From:	To:
Reason for Leaving					

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Address				
City	State			Zip
Phone Number (area code)				
Hourly Rate/Salary	Start:			Final:
Job Title				
Supervisor				
Date Employed	From:			To:
Reason for Leaving				

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Hourly Rate/Salary	Start:			Final:
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Supervisor				
Date Employed	From:			To:
Reason for Leaving				

**EDUCATION EXPERIENCE**

EDUCATION	Name/Location	Years Completed	Diploma/Degree	Courses of Study
Elementary				
High School				
College				
Graduate				
Vocational/Training				
Other				

**REFERENECEES (DO NOT INCLUDE RELATIVES OR FORMER EMPLOYERS)**

Name	Address	Phone Number	Years Acquainted

**MILITARY SERVICE RECORD**

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes                      No

If yes, what branch \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

Date of Discharge \_\_\_\_\_ Special/technical training \_\_\_\_\_

**ADDITIONAL INFORMATION**

Have you been convicted of a crime?    Yes                      No

If so, where, when and nature of offense:

\_\_\_\_\_

Do you have a valid driver's license?    Yes                      No

License # \_\_\_\_\_ State \_\_\_\_\_

List professional trade, business or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex, national origin, disability, marital or veteran status, height, weight or age State

Any additional information that you feel may be helpful to us in considering your application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, address, and telephone number of the person to be notified in the event of accident or emergency:

\_\_\_\_\_

**AUTHORIZATION AND UNDERSTANDING:**

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my background, including but not limited to, my employment, driving record, education, criminal history, or medical history (post-offer only), with the appropriate individuals , companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures and this release from liability does not waive or prohibit an individual from filing a charge of dissemination under the laws enforced by the EEOC. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the president of the firm. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the firm as they are from time to time changed, and no additional obligations can be imposed on the firm except those which have been acknowledged in writing, by the president or his designated representatives.

I agree that any action or suit against the firm, its agents or employees, arising out of my employment or termination of employment , including, but not limited to, claims arising under State and Federal law, but not Federal civil rights statutes containing a separate limitations period, must be brought within 180 days of the event rise to the claims or be forever barred unless the applicable statute of limitations period is shorter than 180 days in which case I will continue to be bound by that shorter limitations period. I waive any limitation periods to the contra ry. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the firm, in which the firm prevails, I will pay to the firm any and all such costs incurred by the firm in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my post-offer physical (if such physical is required) are known.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**FOR INTERVIEWER'S USE**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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\_\_\_\_\_

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Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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\_\_\_\_\_

HIRED:    Yes                  No

Start Date: \_\_\_\_\_ Department: \_\_\_\_\_ Job Title: \_\_\_\_\_