

MISSAUKEE COUNTY APPLICATION FOR EMPLOYMENT

(Please Print)

Position(s) Applied For _____

Date of Application _____

Last Name

First Name

Middle Name

Street Address

City

State

Zip Code

(H)

(C)

Telephone Numbers(s)

Have you ever filed an application with us before? _____ If yes, give date _____

Are you prevented from lawfully becoming employed in the country because of Visa or Immigration status? ___ Yes ___ No Proof of citizenship or immigration status will be required upon employment.

Have you been previously employed here? _____ If yes, give date _____

List any friends or relatives working here:

Are you currently employed? ___ Yes ___ No

On what date would you be available for work? _____

Are you available to work ___ Full time ___ Part Time ___ Shift Work ___ Temporary

Are you currently on "lay-off" status and subject to recall? ___ Yes ___ No

Have you ever been convicted of a felony? ___ Yes ___ No

If Yes, please explain _____.

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

If Yes, please explain _____

Have you ever served in active U.S. Military service more than 180 days? ___ Yes ___ No

Dates of Service _____ to _____

Employer	Dates Employed From/To	Work Performed
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Address

Telephone Number(s)	Hourly Rate/Salary	Starting/Final
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Job Title	Supervisor
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Reason for Leaving

Employer	Dates Employed From/To	Work Performed
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Address

Telephone Number(s)	Hourly Rate/Salary	Starting/Final
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Job Title	Supervisor
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Reason for Leaving

Have you ever been suspended or discharged from employment? Yes No

If yes, please explain: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

ADDITIONAL INFORMATION

State any additional information you feel may be helpful in considering your application.

REFERENCES

Name	Telephone
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Address

Name	Telephone
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Address

Name	Telephone
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Address

I hereby represent that all information now or hereafter given by me in support of my application for employment is true and complete. I hereby authorize investigation of all statements contained in this application and full disclosure of my present and prior employment record, education and credit history. I grant permission to the County of Missaukee to obtain employment, education and credit history information concerning my general reputation, character, conduct and work quality, and authorize any person or organization contacted to furnish information and opinions concerning any and all such matters, whether same is a matter of record or not, including a personal evaluation of my honesty, reliability, carefulness and ability to take direction from my superiors. I understand that this may include a record of disciplinary action assessed by previous employers. I hereby release the County of Missaukee and any person or organization from any and all liability which may result in furnishing such information or opinion, and from any other liability whatsoever as a result of such inquiries and disclosures, and hereby release the County of Missaukee, and any person, organization or prior employer from any obligation to provide me with written notification of such disclosure; provided, however, that these releases do not prohibit the filing of a charge with the Equal Employment Opportunity Commission based on the release of such information or the failure to notify me of the disclosure of such information. I understand that employment is contingent upon this investigation and, if hired, any misrepresentation, omission or falsification of facts called for on this application shall be considered sufficient cause for my dismissal without notice at any time during my employment. I understand and agree that if, in the opinion of the County of Missaukee, the results of the investigation are unsatisfactory, that an offer of employment that has been made may be withdrawn or my employment with the County of Missaukee may be terminated.

I further understand that the County of Missaukee may require a medical examination by a County-designated physician (1) after I have received an offer of employment and prior to my commencement of employment duties; and, (2) during the course of my employment as required by business necessity and for job-related purposes. I hereby consent to such examinations and recognize that employment is contingent upon receipt of a satisfactory medical evaluation. I further understand and agree that prior to commencing employment or after I am employed, I may be requested to submit to tests to determine the presence of alcohol or illegal drugs, and agree to the release of any such test results to appropriate County personnel, and agree that if I refuse and/or fail such tests before commencing employment, my offer of employment will be revoked, or if I refuse such tests after being employed, my employment will be terminated.

I agree that this application is not an offer of employment. I agree that if I am employed by the County of Missaukee (1) that my contract of employment is at-will and may be terminated at any time, with or without notice and with or without cause at the option of either the County of Missaukee or myself; (2) That I will receive wages and benefits and be subject to rules and regulations and that such wages, benefits, rules and regulations are subject to change by the County of Missaukee at any time with or without notice to me; and (3) that in partial consideration for my employment, I shall not commence any action or other legal proceeding relating to my employment or the termination thereof more than six months after the event complained of and agree to waive any statute of limitations to the contrary.

I have read, understand and agree to the above statements and conditions of employment.

Signature _____ **Date:** _____