

EMPLOYMENT EXPERIENCE

Include most recent employment (including self-employment).

EMPLOYER INFORMATION	HISTORY	DUTIES/DESCRIPTION
Employer/Supervisor:	From:	
Address:	To:	
Phone #: ()	<input type="checkbox"/> Part-Time	
Reason for Leaving:	<input type="checkbox"/> Full-Time	
Job Title:	Salary: \$	
Employer/Supervisor:	From:	
Address:	To:	
Phone #: ()	<input type="checkbox"/> Part-Time	
Reason for Leaving:	<input type="checkbox"/> Full-Time	
Job Title:	Salary: \$	
Employer/Supervisor:	From:	
Address:	To:	
Phone #: ()	<input type="checkbox"/> Part-Time	
Reason for Leaving:	<input type="checkbox"/> Full-Time	
Job Title:	Salary: \$	

PROFESSIONAL REFERENCES

Give the name, occupation, address and telephone number of three references who are not related to you.

	REFERENCE #1	REFERENCE #2	REFERENCE #3
Name:			
Occupation:			
Address:			
Phone #:			
Professional Relationship:			

APPLICANT'S STATEMENT

- I certify that answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at that time.
- The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that affect is executed by the employer and employee in writing.
- I agree and understand that any employment offer is conditional upon the results of the pre-employment medical examination, if required.
- I agree that any lawsuit against Isabella County arising out of my employment or termination of employment, including, but not limited to claims arising under State or Federal civil rights statutes, must be brought within one year of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.
- In the event of employment, I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant's Signature:

Date:

NOTE: Michigan law requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer. Handicapped employees and applicants may require an accommodation of their handicap by notifying Isabella County in writing of the need for accommodations within 182 days of the date of the handicapper knows or should know that an accommodation is needed. Failure to properly notify Isabella County will preclude any claim that the employer failed to accommodate the handicapper.

