

# CRIMINAL JUSTICE EMPLOYMENT



## Isabella County Sheriff Office

207 North Court Street  
Mount Pleasant, MI 48858  
(989) 772-5911



We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital, or veteran status, the presence of a non-job-related condition or handicap, or any other legal protected status.

### (PLEASE PRINT)

Position(s) Applied For:	Date of Application:
Are you MCOLES Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, list date of certification: _____	Minimum Salary Acceptable \$ _____
Have you previously worked for Isabella County? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what entity: _____ When: _____	Date Available to begin work

Name: (Last, First, Middle)			
Street Address:			
City, State Zip:			
Home Phone #:	Work Phone #:	Social Security #:	Driver's License #: -   -   -   -

## EDUCATION:

	NAME AND LOCATION	MAJOR OR CONCENTRATION	DIPLOMA OR DEGREE
High School:			
G.E.D:			
Vocational Training:			
Military Training:			
College/University:			
College/University:			
Graduate School:			

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# ELIGIBILITY

If you are under 18 years of age, can you provide proof of eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your Visa/Immigration status prevent you from becoming lawfully employed in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	

# EMPLOYMENT EXPERIENCE

Please list chronological history of all employment starting with your present employer. Account for all previous experience including any self-employment, military service assignments and volunteer work. Describe the kind of work you did and the number and type of employees you supervised, if any. Include reasons for any periods of unemployment. You may exclude organizations which indicate race, color, religion, gender, nation origin, handicap, or other protected status.

Employer Information	
Employer:	Position/Title:
Street Address:	Supervisor:
City, State, Zip:	Phone #:
Description of Duties:	From:                      To:
	Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/>
	Salary:
Reason for Leaving:	Contact Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No

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	Salary:
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## REFERENCES

Give the name, occupation, address, and telephone number of three (3) references who are not related to you and are not previous employers.

	Reference # 1	Reference # 2	Reference # 3
Name:			
Occupation:			
Street:			
City, State, Zip:			
Phone #:			

## APPLICANT'S STATEMENT

1. I certify that the answers given herein are true and complete to the best of my knowledge.
2. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
3. 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 period should inquire as to whether or not applications are being accepted at that time.
4. 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 effect is executed by the employer and employee in writing.
5. I agree and understand that any employment offer is conditional upon the results of a pre-employment medical examination, psychological exam and drug screening if required.
6. I agree that any lawsuit against the 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 claim or be forever barred. I waive any limitation periods to the contrary.
7. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant:

Date:

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

# Criminal History Review

Isabella County Sheriff's Office conducts a criminal history check before offering employment. It is necessary that all applicants complete the information below in order to be considered for employment

<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>
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**Race :** White    Hispanic    American Indian/Alaskan Native    African  
American Asian/Pacific Islander    Other \_\_\_\_\_

<b>Sex</b> <b>Male</b> <b>Female</b>	<b>DOB</b>
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<b>SSN</b>	<b>OPS</b> -    -    -    -
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Other Names (Including Maiden)