



APPLICATION FOR EMPLOYMENT

Isabella County
200 N. Main Street
Mt. Pleasant, MI 48858
(989) 772-0911 X202

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 medical condition or handicap, or any other legally protected status.

Position(s) Applied For:

Date of Application:

Part Time: Full Time: Shift: Permanent: Temporary:

Minimum Salary:
\$

Have you previously worked for Isabella County? Yes No

Date Available to
Begin Work:

If Yes, what Department:

When:

Name: (Last, First, Middle)

Street Address:

City, State, Zip:

Telephone #
()

Work Phone #
()

Email Address:

Do you possess a Trade or Professional License or Certification? (Law Enforcement Officer
Corrections Officer, Electrician, Plumber, etc.) Yes No

License/Certifications:

State:

Expires:

If you are under 18, can you provide proof of eligibility to work? Yes No

Does your Visa/Immigration status prevent you from becoming
lawfully employed in the United States? Yes No

Are you currently employed? Yes No

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

May we contact your present employer? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

If yes, please explain:

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

SCHOOL NAME AND ADDRESS	YEARS COMPLETED				DIPLOMA/DEGREE
	5	6	7	8	
ELEMENTARY					
HIGH SCHOOL					
COLLEGE					
GRADUATE/OTHER					

LIST ANY OTHER TRAINING OR QUALIFICATIONS YOU FEEL ARE IMPORTANT:

LIST ANY HONORS OR MEMBERSHIPS YOU FEEL ARE IMPORTANT:

SKILLS

TYPING WPM ()	<input type="checkbox"/> YES <input type="checkbox"/> NO	INTERNET	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATA ENTRY WPM ()	<input type="checkbox"/> YES <input type="checkbox"/> NO
SPREADSHEETS	<input type="checkbox"/> YES <input type="checkbox"/> NO	COPIER	<input type="checkbox"/> YES <input type="checkbox"/> NO	WORD PROCESSING	<input type="checkbox"/> YES <input type="checkbox"/> NO
TELEPHONE	<input type="checkbox"/> YES <input type="checkbox"/> NO	FAX	<input type="checkbox"/> YES <input type="checkbox"/> NO	PRESENTATIONS	<input type="checkbox"/> YES <input type="checkbox"/> NO
EMAIL	<input type="checkbox"/> YES <input type="checkbox"/> NO	FILING	<input type="checkbox"/> YES <input type="checkbox"/> NO	GRAPHICS	<input type="checkbox"/> YES <input type="checkbox"/> NO

ACCOUNTING EXPERIENCE: (WHERE & WHEN)

COMPUTER SOFTWARE:

LIST ANY OTHER OFFICE MACHINES YOU OPERATE, OR SPECIAL SKILLS YOU HAVE:

DO YOU HAVE A VALID MICHIGAN DRIVER'S LICENSE?

LIST ALL RELATIVES AND THEIR POSITIONS EMPLOYED AT ISABELLA COUNTY:

**HAVE YOU HAD ANY JOB-RELATED TRAINING IN THE U.S. MILITARY?
IF YES, PLEASE DESCRIBE:**

EMPLOYMENT EXPERIENCE

List your work experience including any self-employment, military service assignments and volunteer work within the past 3 years. 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, national origin, handicap or other protected status.

EMPLOYER INFORMATION	HISTORY	DUTIES/DESCRIPTION
EMPLOYER:	FROM:	
ADDRESS:		
CITY, STATE, ZIP:	PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>	
PHONE # ()		
SUPERVISOR:	SALARY \$	
REASON FOR LEAVING:	JOB TITLE:	
EMPLOYER:	FROM:	
ADDRESS:		
CITY, STATE, ZIP:	PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>	
PHONE # ()		
SUPERVISOR:	SALARY \$	
REASON FOR LEAVING:	JOB TITLE:	
EMPLOYER:	FROM:	
ADDRESS:		
CITY, STATE, ZIP:	PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>	
PHONE # ()		
SUPERVISOR:	SALARY \$	
REASON FOR LEAVING:	JOB TITLE:	

REFERENCES

Please list the name, occupation, address, and telephone number of three references who are not related to you and are not previous employers.

Reference #1	Name		
Street			
City		State	Zip
Occupation:		Phone:(Hm)	(Wk)
Reference #2	Name		
Street			
City		State	Zip
Occupation:		Phone:(Hm)	(Wk)
Reference #3	Name		
Street			
City		State	Zip
Occupation:		Phone:(Hm)	(Wk)

CRIMINAL HISTORY REVIEW

Isabella County 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.

Last Name	First Name	M.I.
Race: ___ White ___ Hispanic ___ American Indian/Alaskan Native ___ African American ___ Asian/Pacific Islander ___ Other _____		
Sex: ___ Male ___ Female	Birth date _____ / _____ / _____	
Social Security #	Driver's License #	
Other Names (include Maiden):		

EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an *Affirmative Action Program*, we comply with government regulations, including *Affirmative Action* responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. **Please note: YOUR COOPERATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

VOLUNTARY SURVEY

(Please Print)

DATE: _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action Program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____

CURRENT JOB: _____

Date of Birth: _____ Male _____ Female

Check one of the following:

White Hispanic American Indian/Alaskan Native

African American Asian/Pacific Islander Other _____

Check if any of the following are applicable:

Vietnam Veteran Disabled Veteran Handicapped Individual

ISABELLA COUNTY, 200 N. Main Street, Mt. Pleasant, MI 48858

APPLICANT'S STATEMENT

- 1. I certify that 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 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 affect is executed by the employer and employee in writing.**
- 5. I agree and understand that any employment offer is conditional upon the results of the pre-employment medical examination, if required.**
- 6. 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.**
- 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.**

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 request an accommodation of their handicap by notifying Isabella 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 Isabella County will preclude any claim that the employer failed to accommodate the handicapper.