

**APPLICATION FOR EMPLOYMENT
ISABELLA COUNTY TRIAL COURT
300 N MAIN STREET
MT. PLEASANT, MICHIGAN 48858
989.772.0911 X213**

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 APPLYING FOR:

DATE OF APPLICATION:

HAVE YOU PREVIOUSLY WORKED FOR ISABELLA COUNTY OR ISABELLA COUNTY TRIAL COURT?

YES NO

IF SO, WHAT DEPARTMENT?

NAME: (LAST, FIRST, MIDDLE)

ADDRESS:

CITY, STATE, ZIP:

TELEPHONE:

EMAIL ADDRESS:

DO YOU POSSESS A TRADE OR PROFESSIONAL LICENSE OR CERTIFICATION? (LAW ENFORCEMENT, CORRECTIONS OFFICER, ELECTRICIAN, PLUMBER, ETC)

YES NO

IF SO, WHAT?

IF YOU ARE UNDER 18 CAN YOU PROVIDE PROOF OF ELIGIBILITY TO WORK?

YES NO

ARE YOU CURRENTLY EMPLOYED?

YES NO

ARE YOU CURRENTLY ON "LAY OFF" STATUS AND SUBJECT TO RECALL?

YES NO

MAY WE CONTACT YOUR PRESENT EMPLOYER?

YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

YES NO

EDUCATION

SCHOOL NAME AND ADDRESS	YEARS COMPLETED	DIPLOMA/DEGREE EARNED
HIGH SCHOOL		
COLLEGE		
GRADUATE/TECH. SCHOOL/OTHER		

LIST ANY OTHER TRAINING OR QUALIFICATIONS YOU FEEL ARE IMPORTANT:

LIST ANY MEMBERSHIPS YOU FEEL ARE IMPORTANT:

SKILLS

TYPING	DATA ENTRY	OPERATE GENERAL OFFICE EQUIP.
WPM	YES NO	YES NO
WORD	EXCEL/SPREADSHEETS	POWERPOINT
YES NO	YES NO	YES NO
PUBLISHER	COURT SOFTWARE (JIS)	INTERNET/EMAIL
YES NO	YES NO	YES NO
ACCOUNTING EXPERIENCE		
YES NO		

DO YOU HAVE A VALID MICHIGAN DRIVER'S LICENSE? YES NO

DO YOU HAVE RELATIVES EMPLOYED BY ISABELLA COUNTY OR ISABELLA COUNTY TRIAL COURT?

YES NO IF SO, WHO?

HAVE YOU HAD ANY JOB RELATED TRAINING IN THE U.S. MILITARY? YES NO

EMPLOYMENT EXPERIENCE

LIST YOUR MOST RECENT THREE (3) YEARS WORK EXPERIENCE INCLUDING ANY SELF-EMPLOYMENT, MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER WORK. YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, HANDICAP OR OTHER PROTECTED STATUS

EMPLOYER INFORMATION	HISTORY	DUTIES/DESCRIPTION
EMPLOYER NAME:	DATES OF EMP:	
ADDRESS:	FULL TIME: YES NO	
TELEPHONE:	SALARY:	
REASON FOR LEAVING:	JOB TITLE:	
EMPLOYER NAME:	DATES OF EMP:	
ADDRESS:	FULL TIME: YES NO	
TELEPHONE:	SALARY:	
REASON FOR LEAVING:	JOB TITLE:	
EMPLOYER NAME:	DATES OF EMP:	
ADDRESS:	FULL TIME: YES NO	
TELEPHONE:	SALARY:	
REASON FOR LEAVING:	JOB TITLE:	

REFERENCES

PLEASE LIST THE NAMES AND TELEPHONE NUMBERS OF THREE REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS.

NAME:	TELEPHONE NUMBER:
NAME:	TELEPHONE NUMBER:
NAME:	TELEPHONE NUMBER:

APPLICANT'S STATEMENT

I CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

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 AND/OR CRIMINAL HISTORY CHECK, IF SUCH IS REQUIRED.

I AGREE THAT ANY LAWSUITE AGAINST ISABELLA COUNTY OR ISABELLA COUNTY TRIAL COURT ARISING OUT OF MY EMPLOYMENT OR TERMINATION OF EMPLOYMENT, INCLUDING BUT NOT LIMITED TO CLAIMS ARISING UNDER STATE OF 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 THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW MAY RESULT IN DISCHARD. I ALSO UNDERSTAND 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. IF YOU REQUIRE ACCOMODATIONS, PLEASE CONTACT THE ADA COORDINATOR FOR ISABELLA COUNTY TRIAL COURT. FAILURE TO PROPERLY NOTIFY THE ADA COORDINATOR OR THEIR REPRESENTATIVE WILL PRECLUDE ANY CLAIM THAT THE EMPLOYER FAILED TO ACCOMMODATE THE HANDICAPPER.