



APPLICATION FOR EMPLOYMENT

Isabella County
200 N Main Street
Mt. Pleasant, MI 48858
(989) 317-4053

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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 Seasonal Temporary

Date Available to Work _____ Minimum Salary \$ _____

Have you previously worked for Isabella County? Yes No

If Yes, what Department _____ When: _____

Name (Last, First, Middle): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Are you legally authorized to work in the United States? Yes No

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

Are you currently employed? Yes No If yes, may we contact your present employer? Yes No

Do you have a valid Michigan Driver's License: Yes No

If Yes, Driver's License # _____ Issuing State: _____

Have you ever been convicted of a felony? Yes No If yes, please explain:

Education

High School: _____ Diploma or GED: Yes No

College: _____ Years Completed **1** **2** **3** **4**

Degree: _____ Field of Study: _____

Graduate/Other: _____ Years Completed **1** **2** **3** **4**

Degree: _____ Field of Study: _____

Military: Branch: _____ Service Dates: _____

Duties/Training: _____

Other Certifications or Training: _____

Employment History (List most recent first)Resume Attached (if Resume is attached you can skip this section)

#1 Company Name: _____ Job Title: _____

Company Address: _____

Supervisor Name: _____ Supervisor Phone: _____

Start Date: _____ End Date: _____ Full Time Part Time

Job Responsibilities: _____

Reason for Leaving: _____

#2 Company Name: _____ Job Title: _____

Company Address: _____

Supervisor Name: _____ Supervisor Phone: _____

Start Date: _____ End Date: _____ Full Time Part Time

Job Responsibilities: _____

Reason for Leaving: _____

Professional ReferencesResume Attached (if Resume is attached you can skip this section)

#1 Name: _____ Relationship: _____

Phone: _____ Email: _____

#2 Name: _____ Relationship: _____

Phone: _____ Email: _____

Applicant Certification

I certify that the information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that any false statements, omissions, or misrepresentations may result in disqualification from employment consideration or termination of employment if discovered later.

I authorize Isabella County to investigate and verify all statements contained in this application, including my employment history and education, and I waive any claims against and release Isabella County, current and former employers and references from liability arising from such investigation or disclosure and/or for providing such information.

I understand and agree that, if hired, my employment is at-will and for no definite period and may be terminated at any time without any prior notice by either Isabella County or me, for any reason or no reason at all. This provision supersedes any written or oral statements which may have been made as to my potential status if hired, and may not be changed or modified in any way except in writing and approved by the Isabella County Board of Commissioners. I understand that, if hired, Isabella County also reserves the right to change its rules, regulations and policies and benefits provided employees at Isabella County's sole option and without notice.

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, must be brought within one (1) year after the date of the employment action that is the subject of the claim or lawsuit or be forever barred. I waive any limitation periods to the contrary.

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.



BACKGROUND CHECK DISCLOSURE

In connection with your application for employment, Isabella County conducts a criminal history check upon offering employment.

These reports may include information regarding:

- Criminal history
- Employment verification
- Education verification
- Motor vehicle records
- Personal or professional references
- Other publicly available records

This information will be used solely for employment-related decisions.

BACKGROUND CHECK AUTHORIZATION

I authorize Isabella County and its designated agents to obtain reports as listed above about me for employment purposes. I understand that this authorization may be used to obtain background information both before employment and, if hired, during my employment where permitted by law.

Applicant Name (Last, First, Middle): _____

Address: _____

Permanent Address (if different than above): _____

Date of Birth (for identification purposes): _____ Sex: Male Female

Social Security Number: _____

Driver's License # _____ State Issued: _____

Other Names (include Maiden):

Signature: _____ Date: _____