



# County of Newaygo

## Application for Employment

Newaygo County is an Equal Opportunity Employer

Please be aware, you must answer all questions completely and truthfully. Failure to do so will result in rejection of your application (you will not be considered for employment), or, if not discovered until a later date, may result in discipline or discharge from employment.

### Contact Information

Name: First \_\_\_\_\_ Last \_\_\_\_\_ Middle \_\_\_\_\_

Prefix: \_\_\_\_\_ Suffix: \_\_\_\_\_ Email: \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postal \_\_\_\_\_

Phone: Home ( ) - \_\_\_\_\_ Cell ( ) - \_\_\_\_\_ Preferred  Home  Cell

### Personal Information

Are you under 18 years of age? (Y/N) \_\_\_\_\_ If yes, can you provide proof of eligibility to work? (Y/N) \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?(Y/N) \_\_\_\_\_

*Note: Proof of citizenship or immigration status may be requested upon employment.*

Have you had any experience in the Armed Forces of the United States of America or in a State National Guard that is directly related to the position you are applying for? (Y/N) \_\_\_\_\_ If yes, rank? \_\_\_\_\_ Branch? \_\_\_\_\_

Date of discharge, if not still enlisted? \_\_\_\_\_ Discharged other than dishonorably? (Y/N) \_\_\_\_\_

*Note: A dishonorable discharge from the military will not necessarily be a bar to employment.*

Do you possess a valid Michigan Driver's License? (Y/N) \_\_\_\_\_ If yes, Driver's License number? \_\_\_\_\_

*Note: A license check will be conducted for applicants for positions requiring a current driver's license.*

Have you ever been convicted of a felony? (Y/N) \_\_\_\_\_ If yes, explain? \_\_\_\_\_

*Note: A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of the violation, and rehabilitation will be considered.*

Are you a relative by birth or marriage to any Newaygo County elected official or full time management employee? (Y/N) \_\_\_\_\_ If yes, whom? \_\_\_\_\_ Relationship? \_\_\_\_\_

### Employment Information

Objective: \_\_\_\_\_

How did you learn of this position? \_\_\_\_\_

Have you ever been employed with Newaygo County? (Y/N) \_\_\_\_\_

Are you currently employed? (Y/N) \_\_\_\_\_ If yes, may we contact your current employer? (Y/N) \_\_\_\_\_

Please indicate your availability:  Full-Time  Part-Time  Temporary  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

Are you currently on 'lay-off' status and subject to recall? (Y/N) \_\_\_\_\_

Are you available to travel if a job requires it? (Y/N) \_\_\_\_\_ When can you start? \_\_\_\_\_



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### Education

**1.**

High School Diploma/G.E.D.: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

Where? Institution \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**2.**

College/Trade School/Technical School: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

Where? Institution \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Degree: \_\_\_\_\_ Course of Study: \_\_\_\_\_

**3.**

College/Trade School/Technical School: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

Where? Institution \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Degree: \_\_\_\_\_ Course of Study: \_\_\_\_\_

**4.**

College/Trade School/Technical School: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

Where? Institution \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Degree: \_\_\_\_\_ Course of Study: \_\_\_\_\_

Describe any specialized training, apprenticeships, internships, skills, licenses, certificates, and extra-curricular activities that pertain to the position(s) for which you are applying:

List professional trade, business group memberships, offices held, and volunteer work. You may exclude groups that would reveal race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected class:

Describe any job related experience or training received in the U.S. Military:



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### Employment History

**1.**

Where? Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting/Final Wages: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job Duties:

**2.**

Where? Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting/Final Wages: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job Duties:

**3.**

Where? Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting/Final Wages: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job Duties:



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### Employment History (Continued...)

Multi-Line Phones  PCs/Laptops  Copiers/Scanners/Fax  Adobe Acrobat  MS Office

Specialized Skills:  Other (Explain...) \_\_\_\_\_

State any additional information you feel may be helpful in considering you as a candidate:

Are you capable of performing with or without reasonable accommodation (special assistance, equipment or other help), the activities involved in the job or occupation for which you have applied? (Y/N) \_\_\_\_\_

### Professional References

**1.**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**2.**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**3.**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

### Comments

Additional Comments:



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### Application Agreement

*Please read carefully before signing.*

- 1.** I authorize the references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and any pertinent information they may have, including disclosure of any disciplinary reports (even if more than four years old), and release all parties from any liability for any damages that may result from furnishing same to you. I further authorize you to release such information when such information may be requested by any prospective or subsequent employers without the need to provide me any notice of such disclosure.
- 2.** I understand that the use of this application does not indicate that there are positions available, nor does it imply or create an employment contract. I understand that the only employment contracts are those specifically authorized by Newaygo County that have been reduced to writing and have been executed by both the employee and an authorized representative of the County of Newaygo. Accordingly, I understand that no employment contract, either expressed or implied, for any period, is created hereby should the County of Newaygo hire me.
- 3.** If hired, I understand that my employment is at-will (just cause for union employees), and can be terminated at any time, with or without notice, for any reason at the option of either the County of Newaygo or me. Should the County of Newaygo hire me, I agree to observe all the County of Newaygo policies, practices, and procedures including applicable collective bargaining unit contracts currently in existence and new and revised ones that may be issued in the future.
- 4.** I understand that any employment offer is conditional upon the result of the drug screening test, post offer pre-employment medical examination, and background investigation (when applicable based on the position sought).
- 5.** I understand that if I have a physical, mental, or other impairment that would interfere with my ability to perform in a position but that may be accommodated by, for instance, the purchase of equipment or devices, the provision of readers or interpreters, or the restructuring or altering of work schedules, the Michigan Persons With Disabilities Civil Rights Act requires me to notify the Employer's Human Resources Department in writing of need for accommodation within 182 days after I knew or should reasonably have known that the accommodation was needed.
- 6.** I agree that any lawsuit against the County of Newaygo arising out of my employment or termination of employment, including but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within six months of the event giving rise to claims or be forever barred. I waive any limitations period to the contrary. For circumstances in which the statutory period of limitations is less than six months, the statutory limit will apply.
- 7.** I have read, understand, and agree to the terms of each of the six (6) individual statements, as indicated above. Additionally, I certify that the information contained in this application is correct to the best of my knowledge and that falsification of this information is grounds for dismissal. I further agree that, for the purposes of authorizing and authenticating this application for employment, my electronic signature has the full force and effect of a signature affixed by hand to a paper document.

*Note: Applications without signatures will not be considered for employment.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_