

COUNTY OF MONTCALM
Employment Application
An Equal Opportunity Employer

A person with a disability or handicap requiring accommodation for completing the application process should notify the Personnel Officer as soon as possible.

County of Montcalm is an Equal Opportunity Employer. It is the policy of the County of Montcalm to afford equal employment opportunity regardless of race, religion, color, national origin, sex, age, marital or familial status, height, weight, disability or handicap. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

	_____ Date of Application
PERSONAL INFORMATION	
_____ Name (first, middle, last)	
_____ Present Address (street, city, state, zip code)	
_____ Telephone or Number You Can Be Reached At	_____ Business Telephone
_____ E-mail Address	
_____ Position Desired	_____ Date Available
1. Are you at least: 18 years old? Yes ____ No ____	
2. Work Permit No. _____ (If under 18)	
3. Have you ever been convicted of a felony within the last 7 years, which has not been annulled, expunged, or sealed by the court? (A "Yes" answer will not automatically disqualify you.) Yes ____ No ____	
If yes, please explain conviction: when, where, and disposition _____	

Under what name: _____	
4. Have you previously been employed by the County of Montcalm? Yes ____ No ____	
If yes, when: _____ where: _____	
Under what name: _____	
5. Have you submitted an application to the County of Montcalm before? Yes ____ No ____	
If yes, when: _____ where: _____	
Under what name: _____	

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Complete the following only if the position requires a driver's license:

Driver's License Number _____

Has your driver's license ever been revoked or suspended? Yes _____ No _____

If yes, for what reason: _____

List any moving violations during the last three (3) years: _____

EDUCATIONAL HISTORY

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name of High School _____

GED: _____ State: _____

<u>Schools attended other than High School</u>	<u>Location (State)</u>	<u>Course or Major studies</u>	<u>Degree</u>

MILITARY HISTORY (Armed Forces of the United States or State Militia Only)

Branch	Date entered	Date discharged
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Rank at discharge	Reserve status
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Special training received _____

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EMPLOYMENT HISTORY

List below, beginning with the most recent, all present and past employment. If additional space is required to list other employers, please attach a separate sheet.

Company name	Company address	Phone number
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Position held/Job title	Dates of Employment
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Name and title of immediate supervisor

Reason for leaving	Final salary
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Brief description of duties

Company name	Company address	Phone number
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Position held/Job title	Dates of Employment
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Name and title of immediate supervisor

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Brief description of duties

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Brief description of duties

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REFERENCES: Please provide the names of three persons not related to you, who have known you for more than one year.

Name	Address	Phone

I understand and agree that my employment and compensation are for no definite period and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by me or the County of Montcalm, with or without cause, and without any previous notice. I also understand and agree that the County of Montcalm has the right to unilaterally modify and/or terminate any policies, practices, procedures and standards it has adopted or implemented, to the extent not limited by law or union contract. I acknowledge that no County employee or representative, other than its Board of Commissioners, has either the power or authority to enter into any agreement for employment for any specified period of time, or to make any representations or agreements contrary to any of the foregoing, unless that agreement is in writing and signed by the Board of Commissioners. I understand that any prior representations, promises, contracts or statements made by or on behalf of the County of Montcalm are expressly superseded by the foregoing.

I understand that if I am applying for a position within the County of Montcalm Sheriff's Department, Central Dispatch, Emergency Services, or Animal Control I will be required, pre-employment and post-offer, to submit to one or all of the following; Medical Examination, Drug/Alcohol Screening, Physical Agility, Federal and State criminal background check. I also understand that if I am applying for a position requiring confidentiality, or the handling of money, and/or interacting with citizens in their homes, I will be subject to a Federal and State criminal background check. These will be done at the expense of the County of Montcalm.

The immigration Reform and Control Act of 1986 states that employers must require all persons hired to submit documents to the employer showing their identity and their right to be lawfully employed in the United States. It also requires that the employee complete and sign a government form to this effect.

If you are hired by the County of Montcalm, you will need to furnish documents for inspection that verify your identity and indicate that you are legally permitted to work in the United States. Documents that are acceptable include your driver's license, or state issued I.D., and, your Social Security card or birth certificate.

These documents must be provided within three (3) working days of employment. If the original documents are not available, you must submit proof that you have applied for the required documents.

I certify that all of the information furnished on this application are true, complete and correct. I understand and agree that any falsification, misrepresentation or omission of fact either on this application or during the pre-hire process will be reason for (1) my not being offered employment or (2) dismissal at any time from the service of the County of Montcalm if employed. I authorize the references listed above to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same.

Date: _____ Signature: _____

Montcalm County

Written Disclosure and Authorization to Obtain Consumer Report

By this document, Montcalm County discloses to me that it may obtain my consumer report as part of the pre-employment background investigation and, if hired, at any time during my employment with the County. I authorize the County to obtain my consumer report as part of the pre-employment background investigation. If I am hired, this authorization will remain in my personnel file and will serve as ongoing authorization for the County to obtain consumer reports at any time during my employment.

Applicant

County Administrator/Controller

Date

MONTCALM COUNTY

Applicant Data Record

Applicants are considered for all positions, and employees are treated during their employment without regard to their race, color, creed, religion, sex, national origin, age, marital status, or any on-the-job-related handicap or medical condition.

As an employer taking affirmative action to ensure the removal of any possible past discrimination, and to help comply with government record-keeping requirements, we would appreciate your completing this form. However, COMPLETION OF THIS FORM IS STRICTLY VOLUNTARY. This data will be physically separated from the remainder of your job application before the application is considered for possible employment. This information will be kept in a confidential file, WITHOUT YOUR NAME ON IT, SEPARATE FROM YOUR APPLICATION FOR EMPLOYMENT.

Date: _____ Position Applied For: _____

How Were You Referred to Our Company?

_____ Saw newspaper advertisement _____ A private employment agency

_____ A relative or friend employed by Montcalm County

_____ Other; explain:

PERSONAL TRAITS:

Check One: _____ Male _____ Female

Check One: _____ White _____ Black _____ Hispanic _____ Multi Racial

_____ Asian/Pacific Islander _____ American Indian/Alaskan Native

Check Any That Apply:

_____ Vietnam Era Veteran _____ Disabled Veteran _____ Handicapped Person