

# **APPLICATION FOR EMPLOYMENT** COUNTY OF MECOSTA

- Follow instructions carefully •
- Provide detail do not use "see resume"
- Print or type •
- Check for errors & signature before submitting • • •

  - If accommodation or assistance is needed in completing this application, contact the employing agency.

Position applying for:	Department:		

### **General Information**

Name (Last, First, Middle Initial)	Work Telephone	Home Telephone	Email Address			
Mailing Address	City		State	Zip Code		
Are you available to work:	Time 🗌 Part	t Time	Work 🗌 Tem	porary		
Can you provide proof, if hired, that you are eligible to work in the United States?						
Have you ever been convicted of a crime other than a minor traffic violation? If yes, please explain (Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.)						
How did you learn about this opening?						

## **Education and/or Training**

Did you graduate from high school or receive a GED Certificate?								
SCHOOL NAME AND LOCATION (college, business, nursing, vocational, or other)	No. of Credits		Field		Did you graduate?	Diploma or		
	Qtr.	Sem.	Major	Minor		degree earned		
					☐ Yes ☐ No			
					☐ Yes ☐ No			
					☐ Yes ☐ No			
Other education/training/skills:								
Computer skills (hardware & software):								
Related volunteer experience:								
License or Certification								

License/Certification	State	Profession	License/Certification #	Expiration Date

#### Employment History: (Provide detail; do not use "see resume.")

- Start with your current or last job include armed forces service and self-employment.
- Any change of job title under the same employer should be considered a separate position.
- If you have additional employment history, please continue on a separate sheet of paper.

May we contact your current employer for a reference?			🗌 Yes 📃 No	Not Applicable		
	Employer		Telephone No. Supervisor			
1.						
Тур	e of Business		Address			
Vou	r Job Title		Dates Employed (indicate months	s & vears)	Average Hours Worked Per	
TOU			From: To		Week	
Duti	es:					
Man	thu Colony	Dessen for Leaving				
NOT	thly Salary	Reason for Leaving				
	Employer		Telephone No.	Supervisor's Na	me	
2.						
Тур	e of Business		Address			
Vou	r Job Title		Dates Employed (indicate months	2 × × × × × × × ×	Average Hours Worked Per	
rou			From: To		Week	
Duti	es:					
Main	the Option of	Deserve (en La sultan				
ivion	thly Salary	Reason for Leaving				
	Employer		Telephone No.	Supervisor's Na	mo.	
3.	Employer			Supervisors Na	nie	
Тур	e of Business		Address			
					-	
Your Job Title		Dates Employed (indicate months & years) From: To:		Average Hours Worked Per		
Duri			From: To	:	Week	
Duti	es:					
Mon	thly Salary	Reason for Leaving				

If you have additional employment history, please continue on a separate sheet of paper.

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies, and organizations from liability for providing or receiving such information. I further understand that this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed.

Applicant's Signature

Date

All information provided is subject to the Michigan Freedom of Information Act

#### Equal Opportunity Employer

The County of Mecosta does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services and complies with the provisions of the Michigan Equal Opportunity Act.