

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, sexual orientation, or any other legally protected status.

(Please Print)

Position(s) Applied For

Date of Application

How Did You Learn About Us?

Advertisement Friend Walk-In
 Employment Agency Relative Other _____

Last name First Name Middle Name

Address Number Street City State Zip Code

Telephone Number(s) Social Security Number

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

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony? Yes No

If Yes, please explain

Education

Name and Address of School	Years Course of Study	Diploma Completed	Degree
Elementary School			
High School			
Undergraduate College			
Graduate Professional			
Other (Specify)			

Indicate any foreign languages you can speak, read and/or write

Speak	Fluent	Good	Fair
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Dates Employed	Work Performed
From/To		
Address		
Telephone Number(s)	Hourly Rate/Salary	
Starting/Final		
Job Title	Supervisor	
Reason for Leaving		

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If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience

Specialized Skills

Check Skills/Equipment Operated

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Wordperfect	_____	_____

State any additional information you feel may be helpful to use in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES NO

REFERENCES

Name Telephone ()

Address

Name Telephone ()

Address

Name Telephone ()

Address

Name Telephone ()

Address

Applicant's Statement

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal. I authorize the references listed above and my former and/or current employer(s) to give you any and all information concerning my previous or current employment and any pertinent information that they may have, personal or otherwise, and release all parties from all liability for any damages, causes of action, including, but not limited to, slander and libel, that may result from furnishing same to you. In consideration of my employment, I agree to conform to the rules and regulations of Newaygo County, and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either Newaygo County or myself, subject to applicable rules, policies, or collective bargaining agreements. I understand that no manager or representative of Newaygo County has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I further agree that any and all claims or lawsuits filed as a result of allegations arising out of a violation of PA 453 of 1976 (Elliott-Larsen Civil Rights Act) shall be commenced within three (3) months of the alleged incident(s).

_____ Date _____ Signature of Applicant

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ____ Yes ____ No

Remarks _____
_____ Interviewer Date

Employed ____ Yes ____ No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
Name and Title Date

NOTES

Position(s) Applied For Is Open: ____ Yes ____ No

Position(s) Considered For: _____

Date: _____