

# ***APPLICATION FOR EMPLOYMENT***

## ***IOSCO COUNTY SHERIFFS' OFFICE***

The County of Iosco is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height weight, marital status, veteran status, handicap, or any other protected category.

YOU MUST ANSWER ALL QUESTIONS COMPLETELY. FAILURE TO DO SO WILL RESULT IN REJECTION OF YOUR APPLICATION AND YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT.

**Position(s) Applying for:** \_\_\_\_\_

**Name:** \_\_\_\_\_

*Last*

*First*

*Middle*

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

*Street*

*City*

*State*

*Zip*

**Telephone:** *Home:* \_\_\_\_\_ *Cell:* \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Are you related by birth or marriage to any County of Iosco elected official or full-time management employee ?** \_\_\_\_\_ *Yes* \_\_\_\_\_ *No*

**If Yes:** \_\_\_\_\_

*Name*

*Relationship*

**Maiden / Previous / Alias Name(s):** \_\_\_\_\_

**Have you ever been employed by the County of Iosco ?** \_\_\_\_\_ *Yes* \_\_\_\_\_ *No*

**If Yes:**  
\_\_\_\_\_

*Position*

*Department*

*Dates*

Are you 18 years of age or older ? \_\_\_\_\_ *Yes* \_\_\_\_\_ *No*

Are you currently working ? \_\_\_\_\_ *Yes* \_\_\_\_\_ *No*

Are you on Lay-off ? \_\_\_\_\_ *Yes* \_\_\_\_\_ *No*

If yes, are you subject to recall ? \_\_\_\_\_ *Yes* \_\_\_\_\_ *No*

Will you submit to a drug screening test ? \_\_\_\_\_ *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 may be requested upon employment )

Have you ever been fired or asked to resign ? \_\_\_\_\_ *Yes* \_\_\_\_\_ *No*

If Yes, give date(s), where you worked and explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony ? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, completely describe including locations(s) and date(s): \_\_\_\_\_

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

Are you capable of performing with or without reasonable accommodation (special assistance, equipment or other help ), the essential functions involved in the job or occupation for which you have applied ? \_\_\_\_\_ Yes \_\_\_\_\_ No

## REFERENCES

(Do not included personal friends, relatives or former employers )

Name	Address	Telephone
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## Military Service Record

Have you had any experiences in the Armed Forces of the United States of America or in a State National Guard ? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what branch ? \_\_\_\_\_ Rank at discharge:

\_\_\_\_\_

Date of discharge: \_\_\_\_\_ Were you honorably discharged ? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

## *EDUCATION*

**High School Name:** \_\_\_\_\_ **City / State:** \_\_\_\_\_

**Did you graduate ?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **GED** If not, \_\_\_\_\_ **Credit hours**

**Vocational / Technical:** \_\_\_\_\_ **City / State:** \_\_\_\_\_

**Did you graduate ?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** if not, \_\_\_\_\_ **Credit hours**

**College (name):** \_\_\_\_\_ **City / State:** \_\_\_\_\_

**Did you graduate ?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** if not, \_\_\_\_\_ **Credit hours**

**Degree / Certificate:** \_\_\_\_\_

**Major / Minor:** \_\_\_\_\_

**College (name):** \_\_\_\_\_ **City / State:** \_\_\_\_\_

**Did you graduate ?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** if not, \_\_\_\_\_ **Credit hours**

**Degree / Certificate:** \_\_\_\_\_

**Major / Minor:** \_\_\_\_\_

**Graduate School (name):** \_\_\_\_\_ **City / State:** \_\_\_\_\_

**Did you graduate ?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** if not, \_\_\_\_\_ **Credit hours**

**Degree / Certificate:** \_\_\_\_\_

**Major / Minor:** \_\_\_\_\_

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

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List professional, trade, business group, civic clubs, memberships and offices held, extracurricular and volunteer work excluding group names and character of which indicate race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected class: \_\_\_\_\_

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## **EMPLOYMENT HISTORY**

*List each job held starting with the most present*

**Employer:** \_\_\_\_\_

**Address & Telephone:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Dates: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Hourly rate / Salary: Start:** \_\_\_\_\_ **Final:** \_\_\_\_\_

\_\_\_\_\_ **Full Time** \_\_\_\_\_ **Part Time** \_\_\_\_\_ **Hours per week**

**Work Performed:** \_\_\_\_\_

\_\_\_\_\_

**Reason(s) for Living:** \_\_\_\_\_

\_\_\_\_\_

**Employer:** \_\_\_\_\_

**Address & Telephone:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Dates: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Hourly rate / Salary: Start:** \_\_\_\_\_ **Final:** \_\_\_\_\_

\_\_\_\_\_ **Full Time** \_\_\_\_\_ **Part Time** \_\_\_\_\_ **Hours per week**

**Work Performed:** \_\_\_\_\_

\_\_\_\_\_

**Reason(s) for Living:** \_\_\_\_\_

\_\_\_\_\_

**Employer:** \_\_\_\_\_

**Address & Telephone:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Dates: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Hourly rate / Salary: Start:** \_\_\_\_\_ **Final:** \_\_\_\_\_

\_\_\_\_\_ **Full Time** \_\_\_\_\_ **Part Time** \_\_\_\_\_ **Hours per week**

**Work Performed:** \_\_\_\_\_

\_\_\_\_\_

**Reason(s) for Living:** \_\_\_\_\_

\_\_\_\_\_

## ***AGREEMENT OF UNDERSTANDING***

1. I certify that the information in this application is true, complete and correct to the best of my knowledge and understand that falsification, misleading, misrepresentation or omission of any information submitted in connection with my application or interview, whether in this document or not, may result in rejection of my application or, if hired, in dismissal.

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

2. I waive written notice from my current employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or any other notices of disciplinary action contained in my personal records (even if more than four years old). This waiver is made pursuant to the Bullard-Plawecki Employee Right-To Know Act.

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

3. 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 (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.

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

4. I authorize the County of Iosco to release any information (even if more than four years old) relating in any way to my employment including disciplinary reports, letters of reprimand or other notices of disciplinary action when such information is requested by any prospective or subsequent employers without any obligation (by them or you) to give me any notice of such disclosures.

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

5. I understand that any employment offer is conditional upon the results of the screening test and the post offer pre-employment medical examination.

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

6. I have read the attached job description. If employed, I understand that I am or become handicapped in need of accommodations for employment, I must notify the County Clerk in writing within 182 days after the need is known or reasonably should have been known to me. The requirement is applicable under the Michigan Handicappers Act and this does not preclude any rights an applicant may have under pursuant to the Americans with Disabilities Act of 1990, as amended. Failure to properly notify the county will preclude any claim that the employer failed to accommodate.

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

APPLICANTS FOR UNION POSITIONS READ AND SIGN PARAGRAPH 7(B). DO NOT SIGN PARAGRAPH 7(A).  
APPLICANTS FOR NON-UNION POSITIONS READ AND SIGN PARAGRAPH 7(A). DO NOT SIGN PARAGRAPH  
7(B).

### **FOR NON-UNION**

7(A). In consideration of my employment, I agree to confirm to the rules and regulations of the County of Iosco, as they may be amended or changed from time to time, and I 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 the County or myself. I understand that no officer or representative of the County has any authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing and any such agreement must be made in writing, directed to me personally. I further acknowledge that no one has made any representations or statements to the contrary to the County's employment at-will policy or about the County's economic outlook or stability to me, either oral or in writing, and I acknowledge and understand that no one has the authority to make such representations or statements to the contrary in the future. I further acknowledge that if I accept an offer of employment with the County, I have not relied on any oral or written representation relating to the terms and conditions of my employment or otherwise in accepting or continuing my employment with the County.

Signature \_\_\_\_\_

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

### **FOR THE UNION**

7(B). In consideration of my employment, I agree to the rules and regulations of the County of Iosco. I further acknowledge I will be on probationary status for a period to be determined by the union contract and / or county personnel rules and regulations. As a probationary employee, I understand my employment and compensation can be terminated at any time with or without cause and with or without notice at the option of either the County or myself. I understand that no officer or representative of the County has the authority to enter into any agreement contrary to the foregoing any such agreement must be made in a signed writing directed to me personally.

I further understand that after my probationary period ends, I will be subject to the terms and conditions of the collective bargaining agreement between County of Iosco and the pertinent union. I acknowledge that no one made any representations or statements contrary to the County's probationary at-will policy to me or about the County's economic outlook or stability either orally or in writing, and I acknowledge that no one has the authority to make such representation or statement to the contrary in the future. I further acknowledge that if I accept an offer of employment with the County, I have not relied on any oral or written representations relating to the terms and conditions of my employment or otherwise in accepting or continuing my employment with the County.

Signature \_\_\_\_\_

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

8. I agree that any lawsuit against the County 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 one year of the event giving rise to the claims or be forever bared. I waive any limitations period to the contrary.

Signature \_\_\_\_\_

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

I HAVE READ AND UNDERSTAND AND AGREE TO THE TERMS OF EACH OF THE ABOVE  
EIGHT (8) INDIVIDUAL STATEMENTS, AS INDICATED ABOVE.

Signature \_\_\_\_\_

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

## ***AUTHORIZATION FOR RECORDS CHECK***

Completion of this form allows the Iosco County Sheriffs' Office to run a check to see if you have any criminal record, your driving record and / or the possibility of open warrants. This records check is mandatory for all persons who are considered for employment, full or part-time, with the Iosco County Sheriffs' Office. Any information obtained through this records check will remain confidential within this department.

*Please provide complete information:*

**FULL NAME:** \_\_\_\_\_  
                                    Last                                    First                                    Middle

**MAIDEN / PREVIOUS NAME:** \_\_\_\_\_  
                                    Last                                    First                                    Middle

**DATE OF BIRTH:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_

**DRIVERS LICENSE #:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

I acknowledge that I have read and completed this form. I authorize the Iosco County Sheriffs' Office to verify any information contained within this form, and to verify any information obtained through this procedure.

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