

# Kalkaska County Application for Employment

605 N. Birch Street, Kalkaska, MI 49646

Kalkaska County is an Equal Opportunity Employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital status, veteran status, height, weight, or qualified disability.

Michigan law requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer. 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. Failure to properly notify the County will preclude any claim that the employer failed to accommodate the handicapper.

**PLEASE PRINT IN INK**

**PERSONAL**

|                    |                         |                   |          |
|--------------------|-------------------------|-------------------|----------|
| Last Name          | First Name              | Middle Initial    |          |
|                    |                         |                   |          |
| Mailing Address    | City                    | State             | Zip Code |
|                    |                         |                   |          |
| Home Phone Number: | Cell/Other Phone Number | Work Phone Number |          |
| (    )             | (    )                  | (    )            |          |

**POSITION OBJECTIVE**

|  |   |
|--|---|
| REQ Number(s) (If Applicable) & Position(s)<br>Applying For:<br>_____<br>_____<br>-  | Would you accept?<br>Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary <input type="checkbox"/> |
| Have you been previously employed by the County of Kalkaska?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | If yes, give department(s) and dates, and name used if different than current: _____<br>_____<br>-  |
| Have you previously applied for employment here?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | If yes, provide date(s), position(s) if known, and name used if different: _____<br>_____<br>-  |
| If you have any relatives or friends who are employees of Kalkaska County, provide names and relationship to you:<br>Name:                      Relationship:<br>_____<br>_____<br>- | Name:                      Relationship:<br>_____<br>_____<br>-   |
| Are you authorized to work in the United States?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | Are you at least 18 years old?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> (You will be required to obtain a Work Permit)                         |



## EDUCATION

| Type of School   | Name of School and Address | Major Course of Study | # Years or Credit Hours | Did you graduate? | Degree Received |
|--|----------------------------|-----------------------|-------------------------|-------------------|-----------------|
| High School/G.E.D.   |                            |                       |                         |                   |                 |
| College or University                                      |                            |                       |                         |                   |                 |
| College or University                                      |                            |                       |                         |                   |                 |
| Other Schooling or Specialized Training (include Military) |                            |                       |                         |                   |                 |

## SKILLS

Do you possess a license, certificate or other authorization to practice a trade or profession? If not described above, please explain:

| Issuing Agency | Occupation or Type of Certification | Issuing State | License/Certification#<br>Date Issued/Expiration |
|----------------|-------------------------------------|---------------|--|
| _____          | _____                               | _____         | _____  |
| _____          | _____                               | _____         | _____  |
| _____          | _____                               | _____         | _____  |

Please list any **Additional Skills** that may be relevant to your employment here; for example, your keyboarding speed (approximate), any computer software programs, or number of years of Supervisory experience. Or print "See Resume" in the following space if outlined on a Resume that is being submitted.

\_\_\_\_\_

\_\_\_\_\_

Are you currently bound by any agreement with a former employer that would prevent you from working here or from performing certain tasks? If yes, please explain.

Yes \_\_\_\_\_ No \_\_\_\_\_

## DRIVING/CRIMINAL BACKGROUND

Do you have a current valid Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you *ever* had any traffic offenses/moving violations for which you were found guilty? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Do you have any pending felony charges? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have answered yes to any of the questions above regarding prior/pending offenses, fill in the necessary data in the boxes on the next page. (A conviction record will not necessarily bar employment. Factors such as age and date at time of offense, seriousness and nature of violation, and rehabilitation will be taken into account.) Attach additional documentation, if necessary

| Date (Approx.) | Offense | City/State | Disposition (Paid fine, etc.) |
|----------------|---------|------------|-------------------------------|
|                |         |            |                               |
|                |         |            |                               |
|                |         |            |                               |

**USE OF DRUGS/ALCOHOL**

Kalkaska County prohibits the use of drugs and alcohol while employed for the County during business hours. Kalkaska County has embraced a policy of periodic and random drug screening as a condition of employment. All applicants are required to take a drug screen as part of the application process.

Are you willing to take a drug screen as part of this application? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, you will be notified of where and when to appear for the pre-employment drug screen.

**STATEMENT**

I understand that each applicant appointed to a position with Kalkaska County must meet the requirements of the position including the successful completion of oral, written, physical and/or medical examination, confidential investigation, drug screen, including being fingerprinted and to the submission of such fingerprints to any law enforcement agency, or submission of any documents that may be deemed necessary by the appropriate individuals, companies, institutions, or agencies, and I authorize them to release such information as you require, including any prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize the County to disclose information from my personnel file as requested by prospective employers without providing me any written notice. I affirm that all the information contained in this Application is true and complete and that any misrepresentation, falsification, or willful omission therein will cause forfeiture on my part of all rights of employment with Kalkaska County and may subject me to discharge at any time during the period of my employment. I understand that if I am being considered for a position that requires a periodic examination or current license, registration, or certification, failure to successfully be certified for continued performance may result in termination of employment.

I understand that if I am hired into a non-union position, the County may change the wages, benefits, hours and any other condition of employment from time to time. Employment with the County is for no definite time period and can be terminated by me or the County at any time, with or without cause, and with or without notice. I also understand that the rules and regulations of the County are subject to change and that the County's previous customs and work practices are also subject to change. Finally, I understand that no one other than the County Administrator or Board of Commissioners has any authority to enter into an agreement for employment for a specified period of time or to make any agreement which is contrary to this statement. Any such agreement with the County must be in writing or it shall not be binding.

I agree that any action or suit against the County arising out of my employment or termination of employment, including but not limited to, claims arising out of my Application for Employment, employment, or termination under state or federal civil rights statutes, must be brought within one year of the event giving rise to the claims, or be forever barred. I waive any limitation periods to the contrary.

**Applications which are not signed shall not be considered for employment.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

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