

CORRECTIONS OFFICER EMPLOYMENT APPLICATION PACKET

The following information **must be completed and included** for pre-employment application to the Missaukee County Sheriff's Office.

- 1) Application for Employment
- 2) Applicant Release Form
- 3) Copy of Current Resume

Requirements: This position requires a proof of completion of the EMPCO written exam and physical abilities test. You must be able to pass a physical, hearing test and drug test. Applicant must have the ability to multitask, think fast and work under stress. Must be able to operate computers, be able to work all shifts including holidays and weekends, interact with the public, have a valid Michigan driver's license, no Felony convictions and be a Michigan resident.

The completed application packet must be received by the Missaukee County Sheriff's Office by Friday January 25, 2019 for consideration.

Send completed applications to:

Missaukee County Sheriff's Office
Attn: Undersheriff Aaron Kearns
PO Box 800
Lake City, MI 49651

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed	Did you Graduate?	List Diploma or Degree
Elementary	_____		5 6 7 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High	_____		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	_____		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Specify	_____		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying?

(Applicant should not list any information that Federal and State law precludes obtaining in the pre-employment state)

What types of Business machines do you Operate?

How many words per minute can you type? _____

List below present and past employment, beginning with your most recent

Omit Military Service History - GIVE PRESENT OR MOST RECENT POSITION FIRST.
Information must be complete - Be accurate

EMPLOYMENT EXPERIENCE/WORK HISTORY

Start with your present or your last employer. If you need more space, use an extra sheet of paper. If summer or part-time work, please indicate. If you were employed under a maiden or other name, please indicate that name by the employer.

May we request a reference from your present employer? Yes No

I	Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
Describe the work you did:									
Telephone:									

II	Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Describe the work you did:							
	Telephone:								

III	Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Describe the work you did:							
	Telephone:								

IV	Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Describe the work you did:							
	Telephone:								

If you need more space, use an extra sheet of paper

Have you ever been discharged from any position? Yes No if yes, explain _____

Is this a complete list of your employment? Yes No

Are we granted permission to check all information? Yes No

Indicate by number _____ Any of the above employers whom you **do not** wish us to contact? _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

Are you MCOLES Certified or Certifiable? _____ Yes _____ No

Have you ever been convicted of a Felony? _____ Yes _____ No

if Yes Explain Circumstances: _____

Have you ever been convicted of a Misdemeanor? _____ Yes _____ No

if Yes Explain Circumstances: _____

Are there any Misdemeanor and or Felony charges pending against you? _____ Yes _____ No

Have you ever had a traffic citation? _____ Yes _____ No

If yes please explain: _____

Do you have any relatives employed by Missaukee County Sheriff's Office?

Yes No If yes please list: _____

Have you ever been the defendant in a civil suit? Yes No

If Yes Explain Circumstances: _____

Do you currently use tobacco products? Yes No

If Yes, Explain how often: _____

Do you drink alcohol? Yes No

If Yes Explain Circumstances: _____

Are there any languages you speak and write fluently? Yes No

If yes please list: _____

Have you had your name changed for any reason? Yes No

If yes, please list previous name: _____

We are an equal employment opportunity company. We are dedicated to a policy of non-discrimination in employment on any basis including race, creed, age, sex, religion, national origin, height, weight, marital status, or handicap.

Briefly set forth why you desire employment with the Missaukee County Sheriff's Office (if additional space is required, please include and attach any additional information to this application)

AUTHORIZATION AND UNDERSTANDING:

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I authorize you to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, companies, institutions or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment. If hired, I agree I will serve and I agree that I shall be bound by the rules, policies, regulations and terms and conditions of employment of the Missaukee County Sheriff's Office, as they are from time-to-time changed with or without notice to me. I further agree that if I should bring any action or claim arising out of my employment against the county in which the county prevails, I will pay to the county any and all costs incurred by the county in defense of said claims or actions, including attorneys fees. I further agree that my employment is conditional until such time as the results of my pre-employment physical (if such physical is required) are known.

Applicants Signature Date