



MISSAUKEE COUNTY SHERIFF'S OFFICE

Sheriff Wilbur Yancer, Jr.

110 S. Pine Street
PO Box 800
Lake City, Michigan, 49651
Phone (231) 839-4338
Fax: (231) 839-4344



APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY)

Note: If you feel that your civil rights would be violated by answering a question on this form, please omit the answer to that question.

"We are an equal opportunity employer"

This application will be kept current for six months.

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

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

REQUIREMENTS

- Applicant must be able to pass a complete physical, hearing and drug test.
- Applicant must pass an extensive background investigation and training program.
- Applicant must have the ability to multitask, think fast and work under stress.
- Applicant must be able to operate computers, able to work all shifts including holidays and weekends, and interact with inmates and the public.
- Applicant must have a desire to be helpful, courteous and professional.
- Applicant must recognize the importance of the position to which they are applying.

Send completed application packet by date specified to:

Missaukee County Sheriff's Office
Attn: Human Resources
P.O. Box 800
Lake City, MI 49651

I. APPLICANT INFORMATION

Date of Application: _____

Position Applying For: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Day Time Phone Number: _____ E-Mail Address: _____

Date of Birth: _____ Social Security No.: _____

Have you ever been known by or worked by any other name? Yes No

If yes, list: _____

Do you have a current driver's license? Yes No

Have you ever had a traffic citation? Yes No

If yes, list: _____

Have you ever had your driver's license revoked or suspended? Yes No

If yes, explain: _____

Have you ever been arrested? Yes No

If yes, explain: _____

Have you ever been a plaintiff in a lawsuit? Yes No

If yes, explain: _____

Have you ever been a defendant in a lawsuit? Yes No

If yes, explain: _____

Have you in the past or do you currently use tobacco, marijuana, and/or alcohol? Yes No

If yes, explain: _____

The position you are applying for requires you to work nights, weekends, holidays, 10, 12, & 16 hour shifts. Are you willing and able to work nights, weekends, holidays, 10 hour, 12 hour or 16 hour shifts? Yes No

If your application is considered favorably, on what date will you be available for work? _____20____?

NOTE: The Missaukee County Sheriff's Office **Personnel Policies & Procedures Manual** provides the following:
RESIDENCY All employees must live within a twenty (20) mile radius of Missaukee County geographic borders.
All employees must comply with this section within eighteen (18) months of their date of hire.

II. U.S. ARMED FORCES HISTORY / EXPERIENCE

Have you had any experience in the Armed Forces of the United States or in the State National Guard? Yes No

Branch of Service _____ Service Dates From _____ To _____

Date of Discharge _____ Rank: _____

Were you honorably discharged Yes No

Note: A dishonorable discharge from the military will not necessarily be a bar to employment

III. RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did you Graduate?	List Diploma or Degree
			1	2	3	4		
High School	_____ _____						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Community College	_____ _____		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
University	_____ _____		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Certification Program	_____ _____						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Related Program	_____ _____						<input type="checkbox"/> Yes <input type="checkbox"/> No	

IV. LIST ALL CERTIFICATIONS AND LICENSES YOU HAVE APPLICABLE TO POSITION

Certification / License	State	Certification /License #	Date Received	Date Expires
1.				
2.				
3.				
4.				
5.				

V. 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 another name, please indicate that name by the employer.

May we request a reference from your present employer(s)? 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.				
		Job duties performed:							
		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.				
		Job duties performed:							
		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.				
		Job duties performed:							
		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.				
		Job duties performed:							
		Telephone:							

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

1) Is this a complete list of your employment? Yes No If no, explain _____

2) Have you ever been fired, dismissed, asked to resign, resigned by mutual agreement or otherwise terminated from any employment? Yes No

If yes, explain _____

3) Indicate the number of time(s) you were late to work in the last 12 months. _____ Explain in detail.

4) How much time have you missed from work during the last two years? _____

5) Name of relatives in our employ: _____

VI. GENERAL INFORMATION

1) List outside Interests _____

(Clubs, Organizations including Professional Organizations, Sports, Hobbies. Need not list any interests which would indicate your religious or ethnic background.)

2) List any offices of leadership (elected or appointed) which you have held. Provide titles and dates.

3) Are you a member of a professional or trade group that is related to our industry? Yes No
 If yes, please provide the organization name(s): _____

4) Do you understand the position, job requirements and duties for this position? Yes No
 If no, describe job area where you need further clarification. _____

5) Is there anything that you believe would disqualify you from employment or hinder you in the performance of the position, duties and requirements with or without accommodations? Yes No

(Note: A conviction record will not necessarily be a bar to employment, and factors such as the applicant's age at the time of the offense, the age of the offense, and the nature and seriousness of the violation will be taken into account.)

VII. PERSONAL REFERENCES (not former Employers or Relatives)

Name and Occupation	Address	Phone Number

VIII. AGREEMENT AND UNDERSTANDING

I certify that the information in this application (and accompanying resume, if any) 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 no matter when discovered by the County.

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 other notices of disciplinary action contained in my personnel records (even if more than four years old). This waiver is made pursuant to the Bullard-Plawecki Employee Right to Know Act.

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.

I understand that any employment offer is conditional upon result of the drug screening test, the post offer pre-employment physical ability/agility test, pre-employment medical examination and background investigation.

Applicant Name Signature: _____ **Date:** _____

Applicant Printed Name: _____
(First M.I. Last)

Note: This application will be kept current for six months. You need to complete another to be reconsidered after this date.