

**MISSAUKEE COUNTY
SHERIFF'S OFFICE**

110 South Pine Street P.O. Box 800
Lake City, Michigan 49651

**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. You need to complete another to be reconsidered after this date.

Date Hired	_____
Starting Date	_____
Starting Time	_____

FOR OFFICE USE ONLY	
Department _____	Rate _____
Position _____	Date _____

PERSONAL

Name _____ Date _____
Last First Middle Social Security No. _____

Present Address _____ Telephone No. _____
No. Street City State Zip

Are you legally eligible for employment in the U.S.A.? _____

Are you 18 or older? _____

Type of Position Desired _____ Full Time _____ Part Time _____ Temporary _____

Were you previously employed by us? _____ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____ 20__

Please insert times on each day you would be available for work.

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

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.

U.S. ARMED FORCES HISTORY

U.S. Armed Forces Service Yes No

Branch of Service _____ From _____ To _____

GENERAL INFORMATION

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

Have you ever been arrested for a crime? Yes No If so, give full particulars _____

Have you ever been convicted of a crime? Yes No If so, give full particulars _____

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

Name of relatives in our employ: _____

Do you have a valid driver's license? Yes No State _____

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 Mo.	Yr.	To Mo.	Yr.	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
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