

Alpena County Employee
Personal and Emergency Contact Information

attach a signed job description

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Social Security Number or Government ID: _____ Marital Status: _____

Birth Date: _____ Are you a Veteran? _____
(If, Yes, please provide a copy of your DD-214)

State Born: _____

Spouse's Name: _____

Spouse's Employer: _____ Spouse's Work Phone: () _____

Emergency Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Employee Signature _____ Date _____

New Employee Information (to be completed by Department Head)

Employee Position: _____ Employee ID: _____

Supervisor: _____ Department: _____

Work Location: _____ E-mail Address: _____

Work Phone: () _____ Cell Phone: () _____

Start Date: _____ Rate of Pay _____

Full Time Employee _____ Part-Time Employee _____ Pay Line Item _____

Department Head Signature _____ Date _____

Date of: _____

Background Check _____ Physical _____ Drug Screen _____

Background Check Authorization Form

ALPENA COUNTY

720 W. Chisholm Street
Alpena, MI 49707

Please check appropriate box and complete location information for response to be returned

☐ Employee ☐ Volunteer ☐ Supervisor: _____

In order to permit Alpena County to make a thorough investigation of my background. I hereby authorize Alpena County and any person or legal entity who may be contacted by Alpena County, including investigators, agents or employees, to give and receive any information, data, or opinions they may have regarding my background and/or reputation. This shall include but not be limited to obtaining and receiving records regarding criminal history, driving, licensing, medical, employment and education records. Furthermore, I do hereby release from any and all liability and promise to hold harmless, the County of Alpena and those individuals providing and/or receiving such data, opinions, and records.

This release shall apply to any right of action that might accrue to myself, my heirs and my personal representatives.

I further understand that this background check and the information obtained could disqualify me as a candidate for employment with the County of Alpena.

Signature

Date

Parent/Legal Guardian Signature

Date

The following information is required to obtain the criminal history report(s), and will only be used to identify any criminal history. It will be kept confidential and maintained in a separate file from the application, if applicable.

Name _____
(Last) (First) (Middle Name)

Address _____
(Street) (City)

(County) (State) (Zip) Phone (_____) _____

Please list all prior addresses (within the last 10 years):

(Street) (State) (Zip)

(Street) (State) (Zip)

Race: ☐ White ☐ Black ☐ Asian/Pacific Islander ☐ American Indian/Alaskan Native ☐ Unknown/Other

Sex: ☐ Male ☐ Female _____
Date of Birth Social Security Number

Driver License Number State Issued

Previous Driver License (if other than Michigan) State Issued

Provide any other names(s) previously used including aliases, maiden or married, etc.

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