

Alpena County Employee
Personal and Emergency Contact Information

attach a signed job description

Personal Information

| | | | |
|--|---|------------------|-------------|
| Full Name: | <i>Last</i> | <i>First</i> | <i>M.I.</i> |
| Address: | <i>Street Address</i> | | |
| | <i>Apartment/Unit #</i> | | |
| <i>City</i> | <i>State</i> <i>ZIP Code</i> | | |
| Home Phone: | () | Alternate Phone: | () |
| E-mail Address: | | | |
| Social Security Number or Government ID: | <i>Marital Status:</i> | | |
| Birth Date: | Are you a Veteran? | | |
| State Born: | (If, Yes, please provide a copy of your DD-214) | | |
| Spouse's Name: | | | |
| Spouse's Employer: | Spouse's Work Phone: () | | |

Emergency Contact Information

| | | | |
|----------------|-----------------------|------------------|-------------------------|
| Full Name: | <i>Last</i> | <i>First</i> | <i>M.I.</i> |
| Address: | <i>Street Address</i> | | <i>Apartment/Unit #</i> |
| | <i>City</i> | <i>State</i> | <i>ZIP Code</i> |
| Primary Phone: | () | Alternate Phone: | () |
| Relationship: | <hr/> | | |

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 | |

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.