



ALPENA COUNTY APPLICATION FOR EMPLOYMENT

To the Applicant: We appreciate your interest in Alpena County and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications. You may complete this application now or return the completed application at a later time. You may show this application to any person of your choice.

As an Equal Opportunity Employer, we base employment decisions on job-related information and do not discriminate unlawfully because of race, color, religion, sex, age, national origin or ancestry, marital status, veteran status, height, weight, physical or mental disability unrelated to performance, or any other status protected by law.

PERSONAL

Name _____ Date of Application _____
(Last Name) (First Name) (Middle Name)

Address _____
(Street) (City) (State) (ZIP)

Email address: _____

Telephone Number (with area code) _____ Cell Number (with area code) _____

Are you 18 years or older? Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No
 (Proof of Citizenship or immigration status will be required upon employment.)

Have you been previously employed here? Yes No If yes, date(s) _____

Supervisor Name (s) _____

Have you filed an application before? Yes No If yes, date(s) _____

List any friends or relatives working here _____

EMPLOYMENT DESIRED:

Position(s) applied for _____

Kind of work sought: Full time Part time Other _____

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for?

Salary desired _____ Date available to work _____

EMPLOYMENT EXPERIENCE (List current or most recent job first)

Employer	Date		Work Performed
Address	From	To	
City State Zip			
Phone Number (with area code)	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor			
Reason for Leaving			
Employer	Date		Work Performed
Address	From	To	
City State Zip			
Phone Number (with area code)	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor			
Reason for Leaving			
Employer	Date		Work Performed
Address	From	To	
City State Zip			
Phone Number (with area code)	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor			
Reason for Leaving			

List any other positions held on a separate sheet.

Please explain all periods of unemployment: _____

Have you ever been discharged or requested to resign from any position? Yes No

If yes, explain: _____

Have you ever been disciplined or discharged for absenteeism or tardiness? Yes No

If yes, explain: _____

Education	Name/Location	Years Completed	Diploma/ Degree	Courses of Study
Elementary				
High School				
College				
Graduate				
Vocational/Training				

REFERENCES (Do not include relatives or former employers)

	Name	Address	Phone Number	Years Acquainted
1				
2				
3				

MILITARY SERVICE RECORD

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

If yes, what branch? _____ Rank at Discharge _____ Date of Discharge _____

Special/technical training _____

ADDITIONAL INFORMATION

Have you been convicted of a felony or a misdemeanor?* Yes No

If yes, please explain: _____

*You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

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

List professional trade, business or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex, national origin, disability, marital or veteran status, height, weight or age:

State any additional information that you feel may be helpful to us in considering your application.

PRE-EMPLOYMENT STATEMENT - READ CAREFULLY BEFORE SIGNING

I understand that submission of this application does not assure that I will be employed. I certify that the statements made by me in this application are true and complete. I understand that any false statement or misstatement on this application or in my interview(s) may cause rejection of the application, or dismissal if such false statement or misstatement is discovered subsequent to employment. I understand that before an offer of employment is extended I may have to pass a drug and alcohol test.

I understand that the information in this application will be used by Alpena County and my current and previous employers and others may be contacted to make an inquiry concerning my personal, employment, financial, educational, and medical history and other matters related to employment. I request my current and previous employers, educational institutions and medical providers to answer any inquiry and to provide any requested information contained in any employment, medical or educational records or files relating to me. I hereby release and agree to hold harmless Alpena County and my current and previous employers, educational institutions, and medical providers (and their agents and employees) from any and all claims arising in any way from their cooperation in any inquiry or investigation about me, and I waive my right to receive any notice concerning any disclosures made as a part of such inquiry or investigation. I also release and agree to hold harmless Alpena County and the medical/technical testing agencies (and their agents and employees) from any and all claims arising in any way from their administration or use of results of tests from physical examination of me, including any laboratory tests (including tests for drugs and alcohol), and I authorize the medical/testing agencies conducting the examination and/or tests to report the results thereof to the company, its agents and employees.

I understand that my employment shall be on such terms and conditions as Alpena County may determine and change from time to time and is based upon the requirement that employees become familiar with and abide by the rules, regulations, policies and procedures of Alpena County, as may be established and changed from time to time. Such employment is at will and, therefore, can be terminated by Alpena County at any time, with or without cause and with or without notice. I understand that no one except the Alpena County Board of Commissioners by an action of a quorum of the Board at a Board meeting has any authority to enter into any agreement for employment other than a terminable at will basis, and that no such agreement shall be effective or binding unless it is individually addressed to me in writing and acted on by the Board as provided above.

I acknowledge that I have read and understand the forgoing disclosures, waivers, releases and agreements.

SIGNED: _____

DATE: _____
