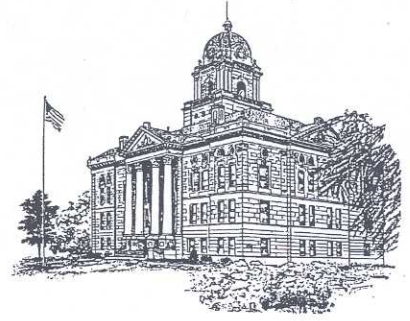


APPLICATION FOR EMPLOYMENT

Shiawassee County, Michigan



INSTRUCTIONS: Complete all necessary information. You may be asked to provide information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application. **Please Print.**

Name _____

Social Security # _____ Phone () _____

Address _____

City/State/Zip _____

Position applied for _____ Shift preferred 1 2 3 Any

Expected pay _____

Would you accept full time work? Yes No

Would you accept part-time work? Yes No

On what date would you be available for work? _____

Have you ever been employed here before? Yes No Date _____

List any special training or skills which will benefit you in the position to which you are applying:

Are you legally eligible for employment in the United States? Yes No
(If Yes, Proof is required)

Are you of legal age to work in the United States? Yes No

EDUCATIONAL BACKGROUND

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA
Grammar School			Yes No	
High School			Yes No	
College			Yes No	
Graduate School			Yes No	
Vocational Training - other			Yes No	

Membership in professional or civic organizations (Exclude those which may disclose your race, color, religion, or national origin.)

EMPLOYMENT EXPERIENCE

Place an by the employer(s) you do not want us to contact. List your most recent employer first.

1. Employer _____ Address _____

Phone () _____

Job Title _____ Supervisor _____

Dates Employed: from _____ to _____ Hourly Rate/Salary: Starting _____ Final _____

Work Performed _____ Reason for Leaving _____

2. Employer _____ Address _____

Phone () _____

Job Title _____ Supervisor _____

Dates Employed: from _____ to _____ Hourly Rate/Salary: Starting _____ Final _____

Work Performed _____ Reason for Leaving _____

3. Employer _____ Address _____

Phone () _____

Job Title _____ Supervisor _____

Dates Employed: from _____ to _____ Hourly Rate/Salary: Starting _____ Final _____

Work Performed _____ Reason for Leaving _____

4. Employer _____ Address _____

Phone () _____

Job Title _____ Supervisor _____

Dates Employed: from _____ to _____ Hourly Rate/Salary: Starting _____ Final _____

Work Performed _____ Reason for Leaving _____

5. Employer _____ Address _____

Phone () _____

Job Title _____ Supervisor _____

Dates Employed: from _____ to _____ Hourly Rate/Salary: Starting _____ Final _____

Work Performed _____ Reason for Leaving _____

6. Employer _____ Address _____

Phone () _____

Job Title _____ Supervisor _____

Dates Employed: from _____ to _____ Hourly Rate/Salary: Starting _____ Final _____

Work Performed _____ Reason for Leaving _____

PERSONAL REFERENCES

(OTHER THAN FAMILY MEMBERS OR PREVIOUS EMPLOYERS)

- 1. Name _____ Phone () _____
Address _____
- 2. Name _____ Phone () _____
Address _____
- 3. Name _____ Phone () _____
Address _____

PLEASE BE SURE TO SIGN AND DATE THIS APPLICATION. THANK YOU FOR YOUR INTEREST IN SHIAWASSEE COUNTY.

I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination. To the best of my knowledge the information contained on this application is true. I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and Shiawassee County for either employment or the provision of any benefits; and further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the county will have a similar right. In addition, I understand that no promise, representation or agreement contrary to the foregoing is binding on the county unless made in writing and signed by me and an authorized representative of the county.

I authorize the release of any and all job related information and motor vehicle record(s) that the County of Shiawassee may request or any records pertaining to past or present employment which may now exist or in the future exist.

Applicant's signature _____ Date _____

Applicant: Do not write on this page. For Office use only.

INTERVIEW RESULTS

INTERVIEWER	DATE	COMMENTS

TEST RESULTS

TEST ADMINISTERED	DATE	SCORE	RATING	COMMENTS AND INTERPRETATION

REFERENCE CHECK

RESULTS OF REFERENCE CHECK

EMPLOYER 1	
EMPLOYER 2	
EMPLOYER 3	
EMPLOYER 4	
PERSONAL REFERENCE 1	
PERSONAL REFERENCE 2	
PERSONAL REFERENCE 3	