

## CHARLEVOIX COUNTY EMPLOYMENT APPLICATION

The County of Charlevoix is an equal opportunity employer and does not discriminate on the basis of age, sex, race, religion, color, national origin, disability, marital status, genetic information, height, weight or other legally protected status.

If you have a disability that impairs your ability to be considered, interviewed, or tested for a position, please let us know what accommodations you may require.

Please complete the entire Application and sign the Authorization and Understanding at the end of the application. If there is not enough space on this form to answer a question fully or to supply complete information, please attach additional pages.

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you legally authorized to work in the U.S.?
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Yes <input type="checkbox"/>
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No <input type="checkbox"/>
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Please list any other names that you have used: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Full Time  Part Time  If part time, specify days and hours: \_\_\_\_\_

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Anticipated starting wage: \_\_\_\_\_

Have you been previously employed by Charlevoix County? Yes  No

If yes, specify: \_\_\_\_\_

Have you ever applied here before? Yes  No

If yes, specify: \_\_\_\_\_

Do you know anyone who is employed by Charlevoix County? Yes  No

If yes, specify who and your relationship to them: \_\_\_\_\_

Are you 18 years or older? Yes  No

If no, do you have proof of eligibility to work? Yes  No

EDUCATION

	Name and Address	Number of Years Attended	Course of Study or Degree Conferred
High School			
College			
Other			

Are you presently attending school or plan on furthering your education? Yes  No  If so, please specify courses being taken and time commitment: \_\_\_\_\_

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What experiences, skills or qualifications do you feel would qualify you for the position?

Note to Applicants: DO NOT ANSWER THIS NEXT QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you able to perform, with or without accommodation, the functions of the job for which you have applied? Yes  No

Have you ever been bonded? Yes  No

If yes, please describe: \_\_\_\_\_

Have you ever lost your bonded status? Yes  No

If yes, please provide details: \_\_\_\_\_

Do you hold an professional licenses or certifications? Yes  No

If yes, please list and describe: \_\_\_\_\_

Have you ever had a professional license or certification revoked or suspended? Yes  No

If yes, please list and describe: \_\_\_\_\_  
\_\_\_\_\_

Are you currently under investigation by any agency or department concerning any licensure or certification matter? Yes  No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

Start with most recent; include your entire employment history and military service; attach additional pages if necessary.

Company Name, Address and Telephone	Dates of Employment		Position, Duties & Supervisor	Reasons for Leaving
	From	To		

Are you currently employed? Yes  No

If yes, may we contact your current employer? Yes  No

**PERSONAL REFERENCES**

(not former employers or relatives)

Name and Occupation

Address

Telephone Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorization and Understanding**

I represent that the answers and information given by me in this application are true and complete. I understand that any incomplete, misleading or false statements in this application or in an interview can result in immediate disqualification or termination, if hired.

I authorize the County of Charlevoix to verify the information I have provided and to make any investigation of my background deemed necessary, both at the time of application and later during my employment, if I am hired. I understand that the types of investigations, which the County of Charlevoix may perform include reference checks, including personal, employment and educational reference checks, and so forth. I understand that I may have to provide further information to assist in these investigations and I may be fingerprinted. I also authorize third parties (such as former employers, financial institutions, educational institutions) contacted by the County of Charlevoix to furnish any information relevant to my application for employment and I further release all persons and organizations from any and all liability for any and all damages whatsoever for releasing such information. I also waive all written notice from all prior employers related to providing such information.

I have no objection to signing an employee agreement on confidential information. I consent to all medical examinations and drug and alcohol testing, which may be required, both during the selection process and throughout employment, if I am later hired.

I understand and agree that if I am hired, employment is “at will” and that either I or the employer can terminate my employment and compensation, with or without cause, and with or without notice, at any time. I acknowledge that no representations, either oral or written, have been made to me to the contrary and that any pre-existing understandings, which contradict an “at will” status of employment are canceled. Further, I understand that only the Chairman of the County Commissioners has any authority to enter into any agreement for employment for any fixed period of time, or to make any agreement contrary to the foregoing and that any such agreement must be in writing and signed by the Chairman and me. (The preceding sentence does not apply to political appointees of elected officials who are employed at the discretion of the elected official.)

In consideration of my employment, I agree to conform to all rules and policies. Also, I agree not to begin any action or suit relating to my employment more than six months after the date of the termination of such employment, and I waive any statute of limitations to the contrary.

This application for employment shall be considered active for 30 days. If I wish to be considered for employment after that time period, I understand that I must inquire at that time whether or not applications are being accepted.

My signature below indicates that I have read and understood the above paragraphs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date