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Application For Employment
County of Clinton

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, height, weight or any other characteristic protected by applicable law. Michigan law requires that a person with a disability requiring accommodation to perform the essential duties of the job notify the employer in writing within 182 days of the date that the need is known or should have been known. Return application to Administrative Services, 100 E. State St., Suite 2100, St. Johns, MI 48879. Additional information, call (989) 224-5120. Job Hotline, 24 hours per day (989) 224-5108. Website: http://www.clinton-county.org. Please note that this application will only remain active for three months, after which the applicant would need to reapply.

(PLEASE PRINT)

Position(s) Applied For	Date of Application

How Did You Learn About Us?

☐ Advertisement ☐ Relative ☐ Web Site
☐ Friend ☐ Walk-In ☐ Other _____

Last Name	First Name	Middle Name

Address	Number	Street	City	State	Zip Code

Telephone Number(s)	Social Security Number

Have you ever been employed with us before? ☐ Yes ☐ No

If Yes, give date _____

Do you have any relatives employed by the county? If Yes, please list by name & dept. ☐ Yes ☐ No

_____

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you lawfully entitled to be employed in the United States? ☐ Yes ☐ No

Proof of eligibility to work will be required upon employment.

On what date would you be available for work? _____

Are you available to work: ☐ Full Time ☐ Part Time ☐ Temporary

Are you 18 years or older? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

Do you have a valid Michigan driver's license? ☐ Yes ☐ No

Drivers license no.: _____

Have you been convicted of a felony within the last 7 years? ☐ Yes ☐ No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

WE ARE AN AFFIRMATIVE ACTION, EQUAL OPPORTUNITY EMPLOYER

Employment Experience

Start with your present or last job. Include any job-related military service assignments.

Employer		Dates Employed From	To	Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed From	To	Work Performed
Address				
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Employer		Dates Employed From	To	Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Do you have U.S. Military experience? _____ If so: Date Entered: _____ Branch: _____
Rank: _____ Date Discharged: _____ Honorably? _____

Additional Information

Specialized Skills — Check Skills/Equipment Operated

☐ PC	☐ Copy Machine	☐ Publishing Software	☐ Other (please list):
☐ Fax	☐ Multi-line phone	☐ Spreadsheets	_____
☐ Calculator	☐ Word Processing	☐ Database	_____
☐ Typewriter	☐ Accounting Software	☐ Graphics Program	

State any additional information you feel may be helpful to us in considering your application.
Note to Applicants: HAVE YOU READ THE DESCRIPTION OF THE JOB FOR WHICH YOU ARE APPLYING? *Are you capable of performing the essential functions of the job in which you would be employed, in a reasonable manner, with or without a reasonable accommodation?* ☐ Yes ☐ No

References (Professional and Personal)

1. _____ ( ) _____
Name Address Phone #

2. _____ ( ) _____
Name Address Phone #

3. _____ ( ) _____
Name Address Phone #

4. _____ ( ) _____
Name Address Phone #

5. _____ ( ) _____
Name Address Phone #

If you have a resume' please attach to the application.

Applicant's Statement

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I also specifically waive the written notice requirement of Section 6 of Public Act 397 of 1978 pertaining to a disciplinary report, letter of reprimand or other disciplinary action.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an *"at will"* nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this *"at will"* employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that no one other than the Board of Commissioners has any authority to enter into an agreement for a specified period of time or to make any agreement which is contrary to this statement. Any such agreement with the Board of Commissioners must be in writing or it shall not be binding.

I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false statements or omitted information on my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that, prior to being offered employment, I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take a test, I will so inform the County prior to the administration of the test so that reasonable accommodation can be made. The County reserves the right to require medical documentation regarding the need for accommodation.

I further understand that I will be required to take a drug/alcohol test prior to being employed and that cooperating in the administration of this test and passing it are conditions of my employment.

I agree that any action or suit against the County arising out of my employment or termination of employment, including, but not limited to, claims arising under state or federal civil rights statues, must be brought within 182 days of the event given rise to the claims or be forever barred. I waive any limitations period to the contrary.

_____ _____

Signature of Applicant Date

FOR PERSONNEL DEPARTMENT USE ONLY

NOTES:

_____

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_____

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