

ANTRIM COUNTY EMPLOYMENT APPLICATION

(Please type or print all answers in ink)

Position applying for: _____ Date available: _____
 Would you work full-time? _____ Part-time? _____ Specify days & hours: _____
 Have you ever been an applicant of Antrim County? _____ Date: _____ Disposition: _____
 Have you ever been an employee of Antrim County? _____ Position: _____ Date: _____
 Please indicate minimum wage or salary you would accept: _____
 Please indicate source from which you learned of this position: _____
 Please list any relatives working for Antrim County _____

PERSONAL DATA:

Name (Last, First, Middle): _____ S.S. # _____
 Street Address: _____
 City: _____ County: _____ State: _____ Zip: _____
 Home Phone: _____ Office Phone: _____
 U.S. Citizen? Yes _____ No _____ Michigan Resident? Yes _____ No _____
 Antrim County Resident? Yes _____ No _____ Are you 18 years or older? Yes _____ No _____
 In case of emergency, notify: _____

PERSONAL REFERENCES: *(List three (3) persons who are not related to you by blood or marriage who can comment on your education/work.*

| Full Name | Complete Address | Occupation | Telephone |
|-----------|------------------|------------|------------------|
| | | | Home: Office: |
| | | | Home: Office: |
| | | | Home: Office: |

MILITARY SERVICE:

Have you ever served in the U.S. Armed Forces? Yes _____ No _____
 Branch of Service: _____ Rank upon separation or discharge: _____
 Active duty: from _____ to _____ Type of separation or discharge _____
(If other than honorable, explain in space provided on page 3)

While we cannot guarantee confidentiality, would you prefer we keep your application confidential? _____ Yes _____ No

EMPLOYMENT HISTORY:

| | | | | | |
|--|---------------------|-------------------|-----------------------------|---------------------------|---------------------------------|
| Name & address of company and type of business | From: Mo. Yr. | To: Mo. Yr. | Starting Salary _____ | Ending Salary _____ | May we Contact? Yes No |
| Describe nature and duties of your position: | | | | | |
| Telephone: _____ | | | | | |
| Supervisor: _____ | | | | | |
| Reason for leaving: | | | | | |
| Name & address of company and type of business | From: Mo. Yr. | To: Mo. Yr. | Starting Salary _____ | Ending Salary _____ | May we Contact? Yes No |
| Describe nature and duties of your position: | | | | | |
| Telephone: _____ | | | | | |
| Supervisor: _____ | | | | | |
| Reason for leaving: | | | | | |
| Name & address of company and type of business | From: Mo. Yr. | To: Mo. Yr. | Starting Salary _____ | Ending Salary _____ | May we Contact? Yes No |
| Describe nature and duties of your position: | | | | | |
| Telephone: _____ | | | | | |
| Supervisor: _____ | | | | | |
| Reason for leaving: | | | | | |

EDUCATION AND TRAINING:

| Circle the highest grade completed: 7 (or less) 8 9 10 11 12 | | | | Did you graduate from high school? Yes _____ No _____ Year _____ | | | | |
|---|-------------------------------|-------------------|----------------|---|----------------|-----|-----|-----|
| Type of School | School name City and State | Type of Degree | Major Field | Grade Average | Dates Attended | | | |
| | | | | | From | To | | |
| | | | | | Mo. | Yr. | Mo. | Yr. |
| Last High School Attended | | | | | | | | |
| Colleges Attended | | | | | | | | |
| Other Training | | | | | | | | |

SPECIAL QUALIFICATIONS:

(Include active technical/professional licenses and numbers, academic or professional awards):

Clerical/Machine Skills:

Typing: _____ wpm Shorthand _____ wpm Other: _____

Software: _____

Dismissals and/or forced resignations:

Have you ever been dismissed from any position? _____

Have you ever been forced to resign from any position? _____

(If "yes" to either or both of these questions, give complete details in space provided below)

Criminal, Traffic and/or Civil Court Record:

Have you ever been convicted of, or pled guilty or no contest to, an offense against the law, or are there any felony charges pending against you? _____ *(If "yes" explain in the space provided below. You may omit any offense committed before your 17th birthday which was finally adjudicated in a Juvenile Court or under a youth offender law).*

Has your privilege to operate a motor vehicle ever been denied, suspended or revoked? _____

(If yes, please give details in the space provided below).

Detailed answers and additional comments

Each applicant seeking employment with Antrim County must meet the requirements of the sought position which may include the successful completion of oral, written and/or medical examination, drug testing, criminal background check, confidential investigation or submission of any documents that may be deemed necessary by the County.

It is understood that, where an applicant is being considered for a position that requires a periodic examination, failure to successfully be certified for continued performance may result in an individual's service being terminated.

I hereby authorize the investigation of all statements contained in this application. I affirm that all the information contained in this application is true and complete and that any misrepresentation, falsification, or willful omission herein, shall be sufficient reason for dismissal from or refusal of employment. I agree to submit to being fingerprinted and to the submission of such fingerprints to any law enforcement agencies.

Signature of Applicant _____ Date _____

We thank you for making application for employment with Antrim County.

If you are applying for a position which requires you to drive during the course of your employment, please complete.

DRIVING EXPERIENCE

How many years have you been driving? _____ Employer's vehicle _____ Passenger Car _____

How many years have you driven commercially? _____

List all driving licenses and CDL endorsements: _____

| STATE | CHAUFFEUR'S LICENSE | | OPERATOR'S LICENSE | | RESTRICTIONS |
|-------|---------------------|-----------------|--------------------|-----------------|--------------|
| | Number | Expiration Date | Number | Expiration Date | |
| | | | | | |
| | | | | | |
| | | | | | |

Has any license you ever held been: Suspended? _____ Revoked? _____ When? _____

Why? _____ For how long? _____ In what state(s)? _____

In what state (s)? _____ Have you any other driving experience? _____

Have you any other driving experience? _____ What size vehicle? _____

Length of time and type of vehicle driven:

Tractor-trailer _____ Bus _____ 2 ½ Ton _____ Other _____

In what state(s)? _____

ACCIDENT RECORD

How many accidents have you ever been involved in, regardless of severity? _____

How many as operator of: Commercial vehicles? _____ Private cars? _____

| | DATE | CITY AND STATE | BRIEF DESCRIPTION OF ACCIDENT |
|---------------|------|----------------|-------------------------------|
| LAST ACCIDENT | | | |
| NEXT PREVIOUS | | | |
| NEXT PREVIOUS | | | |

TRAFFIC VIOLATIONS

(List all traffic violations, other than parking, for which you have been cited.)

| Date of Violation | Crime, Infraction or Offense | Name of Court | Court Location | Date of Conviction | Disposition and Fine |
|-------------------|------------------------------|---------------|----------------|--------------------|----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Indicate current traffic violation points _____

I hereby consent to and authorize Antrim County to obtain my police records.

Signature: _____

Date: _____