

Clare County
APPLICATION FOR EMPLOYMENT
 Clare County is an Equal Opportunity Employer

225 West Main Street
 Harrison, MI 48625
 (989) 539-2510

website: www.clareco.net

It is the policy of Clare County to afford an equal employment opportunity regardless of a person's race, religion, color, national origin, sex, age, marital status, height, weight, or disability.

PLEASE PRINT ALL INFORMATION REQUESTED, EXCEPT SIGNATURE

PERSONAL			
Name (Last, first, middle)			
Address (Street, city, state, zip code)			How many years?
Telephone & Cell Number			
Previous address (Street, city, state, zip code)			How many years?
Specify any days or times you are not available for work:			
Position Applied for:	Salary Expectation: \$ Per	Date Available for work:	Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Have you ever been employed by Clare County? _____ Yes _____ No		Date Started	Date Left
In what Department?	In what job position?	Reason for leaving?	

Are you a U.S. Citizen	If you are not a U.S. Citizen, do you have a legal right to remain in the United States? _____ Yes _____ No
	If employed, can you submit verification of your legal right to remain in the United States? _____ Yes _____ No

What prompted your application? _____

Do you have a telephone at your place of residence? _____ Yes _____ No

Do you have a reliable form of transportation available to you to go to and from work? _____ Yes _____ No

MILITARY SERVICE			
Service	Branch	Dates of Service From To	
Were you honorably discharged?		Reserve status	
Specialized training and duties:			

Revision date 11/08/2022

Employment History

List your last three employers, or all employers for the last ten years, whichever is greater. Attach additional signed sheets if necessary. Also list and explain any period(s) of unemployment. Please answer all inquiries. "See Resume" is not acceptable.

Employer's Name		Dates (month and year): From: To:
Address (Street, city, state, zip code)		Telephone
Supervisor (Name & Title)	Your title	Salary
Duties & responsibilities		
Reason for leaving		
Employer's Name		Dates (month and year): From: To:
Address (Street, city, state, zip code)		Telephone
Supervisor (Name & Title)	Your title	Salary
Duties & responsibilities		
Reason for leaving		
Employer's Name		Dates (month and year): From: To:
Address (Street, city, state, zip code)		Telephone
Supervisor (Name & Title)	Your title	Salary
Duties & responsibilities		
Reason for leaving		

Have you ever been discharged by an employer or resigned in lieu of discharge? _____ Yes _____ No

Have you ever been disciplined (other than discharged) by an employer? _____ Yes _____ No

If you answered yes to any of the previous questions, explain all such incidents, giving facts, dates, describing any action you took and any resolution, on an attached signed sheet.

EDUCATION		
Total number of years of formal education from and including, first grade:		
SCHOOL	LOCATION	DEGREE
High School		
Business School		
College/University		
Trade/Vocational School		

Extracurricular activities & honors received in school:

Professional Licenses, Registrations, and/or Certifications

List all types of any licenses or certificates which have been issued to you (including national certifications) and identify the state or organization which issued them. Attach additional pages if necessary.

Have you ever had any license or certification placed under investigation, disciplinary action, suspended, revoked or put on probation? _____ Yes _____ No

Have you ever been denied a license or certification? _____ Yes _____ No

If you answered yes to either of the above questions, explain in detail on an attached signed statement your reason for leaving.

Miscellaneous

Do you have any felony charges pending against you? _____ Yes _____ No

Have you ever been convicted of or pled guilty or no contest to a crime (felony or misdemeanor)? _____ Yes _____ No If so, explain the date, nature of the offense and circumstances on an attached, signed statement.

Are you 18 years of age or older? _____ Yes _____ No

Do you have any relatives employed by this employer? _____ Yes _____ No

If yes:

Name: _____

Relationship: _____

Department: _____

In Case of Emergency Notify:

(Name) (Address) (Telephone)

References - Please list three references other than relative or previous employers.

	Name	Address	Telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Applicant Statement

I affirm that the information provided in this application (and accompanying resume, if any) is true and complete. I understand and agree that any false information, misrepresentations, or omissions may disqualify me from further consideration for employment or may result in discipline or dismissal if discovered at a later date. initial _____

I authorize Clare County to investigate all statements contained in this application through all references and resources concerning me, including, but not limited to, school records, records of licensing or certification agencies, disciplinary records of any current or former employers, and/or law enforcement records. I authorize all such references and resources, and Clare County, to release this information without liability for giving it. I waive any written notice of the release of such records that may be required by State or federal law. initial _____

I understand that I may be required to successfully pass a drug test to gain employment or continue employment with the County of Clare. I consent freely and voluntarily to participate in required drug test(s), at a location selected by the County of Clare. I authorize any physician or entity conducting such examination or test to release the results of such examination or test to Clare County. I hereby release and hold harmless the County of Clare, its officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, except for their negligence, arising from the drug test(s) and decisions concerning employment based upon the results of this test(s). In addition, I understand that the County of Clare maintains a drug-free and a smoke-free workplace. initial _____

I understand that if certain positions have particular security requirements or if the County of Clare determines there is a Bona Fide Occupational Qualification inherent in the position which requires certain information, a police background check seeking that information may be conducted prior to making a decision regarding employment. I authorize the County of Clare, its officers, agents and employees to conduct such a check if I am applying for one of these positions, and I release and hold harmless the County of Clare, its officers, agents, and employees from any liability, except for its negligence, related to the performance or result of this check. initial _____

If accepted for employment under a bargaining agreement, I agree that my status as an employee, depends upon successful performance during a probationary period and that I am an "at-will" employee during this probationary period.

If accepted for employment not covered under a bargaining agreement, I understand that I will always be an "at-will" employee. initial _____

Date _____

(Signature of Applicant)

Date _____

(Signature of Interviewer)