



Clare County Sheriff's Office

John S. Wilson, Sheriff

255 West Main Street
Harrison, Michigan 48625

Phone: (989) 539-7166
Fax: (989) 539-5721

APPLICATION FOR EMPLOYMENT

The County of Clare is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap or any other protected category.

YOU MUST ANSWER ALL QUESTIONS, FAILURE TO DO SO WILL RESULT IN REJECTION OF YOUR APPLICATION AND YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT.

Position applied for: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone: _____ Social Security Number: _____

Driver's License No: _____ Date of Birth: _____

Are you a relative by birth or marriage to any Clare County elected official or full-time management employee: Yes: ____ No: ____

Are you under 18 years of age? Yes: ____ No: ____

Are you currently working? Yes: ____ No: ____

Are you currently laid off from your employer? Yes: ____ No: ____

Are you subject to recall? Yes: ____ No: ____

Will you submit to a Drug Screening Test? Yes: ____ No: ____

Have you ever been employed by Clare County? Yes: ____ No: ____

If yes _____
Position Department Dates

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes: ____ No: ____

Have you ever been fired from another employer? Yes: ____ No: ____
If yes give the date, where you worked and an explanation.

Have you ever been convicted of a Felony or a Misdemeanor? Yes: ____ No: ____
If yes describe the violation along with dates and location:

Note: A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation will be considered.

Are you capable of performing with or without reasonable accommodation (special assistance, equipment or other help), the activities involved in the job or occupation for which you have applied. Yes: ____ No: ____

Describe how you would perform the job functions involved in the job or occupation for which you have applied.

EMPLOYMENT HISTORY

List each job held. Start with your present or last job first.

Employer: _____

Address and telephone: _____

Job title and Supervisor: _____

Reason for Leaving: _____

Dates of employment: _____

Employer: _____

Address and telephone: _____

Job title and Supervisor: _____

Reason for Leaving: _____

Dates of employment: _____

Employer: _____

Address and telephone: _____

Job title and Supervisor: _____

Reason for Leaving: _____

Dates of employment: _____

Employer: _____

Address and telephone: _____

Job title and Supervisor: _____

Reason for Leaving: _____

Dates of employment: _____

Employer: _____

Address and telephone: _____

Job title and Supervisor: _____

Reason for Leaving: _____

Dates of employment: _____

Employer: _____

Address and telephone: _____

Job title and Supervisor: _____

Reason for Leaving: _____

Dates of employment: _____

EDUCATION

High School Name and address: _____

Highest grade completed, diploma or GED? _____

College attended, did you graduate? _____

List any Degree or Certificate: _____

*Included transcripts and diplomas/certificates with your application

Describe any specialized training: apprenticeships, internships, skills, licenses or certificates that pertain to the position for which you are applying.

REFERENCES

(Do not include relatives or family members)

Name:

Address:

Telephone:

1. _____
2. _____
3. _____
4. _____

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States of America or in a State National Guard?

Yes: _____ No: _____

If yes what branch? _____ Rank at discharge: _____

Date of discharge: _____ Were you honorably discharged: _____

Note: A dishonorable discharge from the military will not necessarily be a bar to employment.

*include a copy of DD214 if applicable.

AGREEMENT AND UNDERSTANDING

1. I certify that the information in this application is true, complete and correct to the best of my knowledge and understand that falsification, misleading, misrepresentation or omission of any information submitted in connection with my application or interview, whether in this document or not may result in rejection of my application or, if hired, in dismissal.

Signature: _____ Date: _____

2. I waive written notice from my current employer and from any other of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personal records (even if more than four years old). This waiver is made pursuant to the Bullard-Plawecki Employee right-to Know act.

Signature: _____ Date: _____

3. I authorize the references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and any pertinent information they may have (even if more than four years old) and release all parties from any liability for any damages that may result from furnishing same to you.

Signature: _____ Date: _____

4. I authorize the Clare County Sheriff to release any information (even if more than four years old) relating in any way to my employment including disciplinary reports, letters of reprimand or other notices of disciplinary action when such information is requested by any prospective or subsequent employers without any obligation (by them or you) to give me any notice of such disclosure.

Signature: _____ Date: _____

5. I understand that any employment offer is conditional upon the result of the drug screening test and the post offer pre-employment medical examination, and background investigation (when applicable based on the position sought).

Signature: _____ Date: _____

6. I understand this is a law enforcement employment and can request a detailed job description. If employed, I understand that if I am or become handicapped in need of accommodations for employment, I must notify the Clare County Sheriff in writing within 182 days after the need is known or reasonably should have been known to me. Failure to properly notify the Clare County Sheriff will preclude any claim that the employer failed to accommodate the handicapper.

Signature: _____ Date: _____

7(A)

In consideration of my employment, I agree to conform to the rules and regulation of the County of Clare, as they may be amended or changed from time to time, and I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either the County of Clare or myself. I understand that no officer or representative of the County has the authority to enter into an agreement for the employment for any specific period of time, or to make any agreement contrary to the foregoing except the Clare County Sheriff and any such agreement must be made in writing, directed to me personally. I further acknowledge that no one has made any representations or statements to the contrary to the County's at-will policy or about the County's economic outlook or stability to me, either oral or in writing, and I acknowledge and understand that no one has the authority to make such representations or statements to the contrary in the future. This applies for as long as I am a Part Time or Probationary Employee.

Signature: _____ Date: _____

7(B)

In consideration of my employment, I agree to the rules and regulations of the County of Clare. I further acknowledge I will be on probationary status for a minimum of 2080 hours from my full time date of hire. As a probationary employee I may be required to work for undetermined days without any interruptions. As a probationary employee, I understand my employment and compensation can be terminated at any time with or without cause and with or without notice at the option of either the County or myself. I understand that no officer or representative of the County has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the Clare County Sheriff and any such agreement must be made in a signed writing directed to me personally.

I further understand that after my probationary period ends, I will be subject to the terms and conditions of the collective bargaining agreement between Clare County and the Police Officers Labor Council. I acknowledge that no one has made any representations or statements contrary to the County's probationary at-will policy to me or about the County's economic

outlook or stability either orally or in writing, and I acknowledge that no one has the authority to make such representations or statements to the contrary in the future.

Signature: _____ Date: _____

8. I agree that any lawsuit against the County arising out of my employment or termination of employment, including but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within six months of the event giving rise to claims or be forever barred. I waive any limitations period to the contrary.

Signature: _____ Date: _____

I have read, understand and agree to the terms of each of the above eight (8) individual statements, as indicated above.

Signature: _____ Date: _____

ACKNOWLEDGMENT
PLEASE READ CAREFULLY BEFORE SIGNING

I acknowledge and agree that all the statements made herein are subject to investigation and confirmation by the Clare County Sheriff and the information I have supplied is correct to the best of my knowledge. I understand that any deliberate falsifications, misrepresentations, or omissions of fact may preclude any offer of employment, or may result in a withdrawal of an employment offer, or may result in discharge from employment if I am already employed at the time the misrepresentation or omission is discovered.

I hereby authorize and release from liability any former employer, educational institution, or other person or institution to questions pertaining to information in this application, and to release the details of my work, skills, actions or transactions and to provide documentary evidence thereof to the Clare County Sheriff. Further I release the Clare County Sheriff from liability that might result from an investigation.

I understand that the use of this application does not indicate that there are positions available, nor does it imply or create an employment contract. I understand that the only employment contracts are those specifically authorized by the Clare County Sheriff which have been reduced to writing and have been executed by both the employee and an authorized representative of Clare County. Accordingly, I understand that no employment contract, either expressed or implied, for any period is created hereby should the Clare County Sheriff hire me.

If hired, I understand that my employment is at-will (just cause for union employees), and can be terminated at any time with or without notice, for any reason at the option of either the Clare County Sheriff or myself. Should the Clare County Sheriff hire me, I agree to observe all of the Clare County Sheriff's policies, practices and procedures currently in existence and new and revised ones, which may be issued in the future.

Signature

Date

Printed Name