

**APPLICATION FOR EMPLOYMENT
CONFIDENTIAL**

**Mid-Michigan District Health Department
615 N. State Rd., Suite 2
Stanton, Michigan 48888
(989) 831-5237**

**AN EQUAL EMPLOYMENT OPPORTUNITY/
AFFIRMATIVE ACTION EMPLOYER**

This is an application for employment with the Mid-Michigan District Health Department which serves Clinton, Gratiot and Montcalm Counties. Positions in this agency are filled on the basis of competitive evaluations and this application does become a part of the evaluation process.

Please type or print clearly and complete all items on both sides of the application.

PERSONAL INFORMATION

Date: _____

Name _____
Last First Middle

Address _____
Street City
County State Zip Code

Home Phone () _____
No. Where You Can
Be Contacted () _____

EMPLOYMENT DESIRED

Available to Work: Full-time Part-time Substitute

Type of Position Desired _____

Location Desired _____

Minimum Salary Acceptable _____ How Did You Learn Of This Opening _____

EDUCATION

High School Diploma or G.E.D. Yes No

	Name of School and Address	Type of Degree	Date Degree Granted	Dates Attended
College				Fr To
Vocational or Business				Fr To
Professional Education				Fr To

Honors Received, Volunteer or Community Service, or Other Qualifications Related To The Position For Which You Are Applying _____

Indicate Job Related Equipment and Computer Software You Are Qualified To Operate _____

Member of Professional Organizations _____

Professional Internship Completed At _____

Professional Licenses/Certifications

Type	Organization or State Issued	Date Issued	Number

Professional References

Name	E-Mail Address	Telephone

Have you ever filed an application at Mid-Michigan District Health Department before? Yes No Dates _____

Have you ever been employed by Mid-Michigan District Health Department before? Yes No Dates _____

Do you have any relatives, other than a spouse, currently employed by Mid-Michigan District Health Department? Yes No
If yes, please list their names _____

Are you above the minimum working age of _____? Yes No

If you are under the age of _____ can you furnish a work permit? Yes No

Are you legally permitted to work in this country? Yes No

If yes, will you be prepared to produce proof at the time of hire, in accordance with the Immigration Reform and Control Act of 1986?
 Yes No

Have you ever been convicted of a crime and/or are there any felony charges pending against you? Yes No

If yes, please explain and provide the dates of conviction and the county of the conviction. _____

LIST PRESENT EMPLOYMENT FIRST – LIST EVERY PROMOTION AS A NEW JOB

(Attach Extra Pages if Necessary)

EXPERIENCE

Employer & Mailing Address		Position Title
		Employer's Telephone Number
Description of Your Duties: _____		Number of Employees You Supervised
		Name and Title of Supervisor
From: _____ Month Day Year	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time _____ Hrs Per Wk	Salary (Per Month) Starting \$ _____ Ending \$ _____
To: _____		Reason for Leaving

Employer & Mailing Address		Position Title
		Employer's Telephone Number
Description of Your Duties: _____		Number of Employees You Supervised
		Name and Title of Supervisor
From: _____ Month Day Year	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time _____ Hrs Per Wk	Salary (Per Month) Starting \$ _____ Ending \$ _____
To: _____		Reason for Leaving

EXPERIENCE CONTINUED

Employer & Mailing Address		Position Title	
		Employer's Telephone Number	
Description of Your Duties: _____		Number of Employees You Supervised	
		Name and Title of Supervisor	
From: _____ Month Day Year	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time _____ Hrs Per Wk	Salary (Per Month) Starting \$ _____ Ending \$ _____	Reason for Leaving
To: _____			

DISCLOSURE AND RELEASE

In connection with my application for employment, applicant understands that criminal reports may be conducted. This report will include information regarding felony convictions or pending felony charges. Applicant further understands that such reports may contain information concerning criminal records from federal, state, and other agencies. By execution of this Application, applicant expressly authorizes such check(s) without reservation, and further agrees to hold harmless any party or agency contacted by Internet Criminal History Access Tool (CHAT) to furnish the above mentioned information.

Applicant has the right to make a request to ICHAT, upon proper identification, to request the nature and substance of all information in its files on applicant at the time of the request.

The undersigned applicant hereby agrees, authorizes and consents to the procurement of criminal report(s). If hired, this authorization shall remain on file and shall serve as ongoing authorization to procure criminal reports at any time during applicant's employment.

AGREEMENT

I certify that the statement made in this application are correct and complete to the best of my knowledge.

I understand that false or misleading information may result in termination of employment.

I authorize the references listed above and my former and/or current employer(s) to give you any and all information concerning my previous or current employment and any pertinent information that they may have, personal or otherwise. I also authorize the educational institutions listed above to give you any and all information reflecting my educational attainments. I release all parties from all liability for any damages, causes of action, including, but not limited to, slander and libel, that may result from furnishing any information to the Mid-Michigan District Health Department.

If accepted for employment with Mid-Michigan District Health Department, I agree to abide by all of its policies and procedures. If employed, I understand that I may terminate my employment at any time without notice or cause, and that Mid-Michigan District Health Department may terminate or modify the employment relationship at any time without prior notice or cause. In consideration of my employment, I agree to conform to the rules and regulations of Mid-Michigan District Health Department and I understand that no representative of Mid-Michigan District Health Department, other than the Board of Health, has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreement or assurances contrary to this policy. If employed, I understand that my employment is for no definite period of time, and if terminated, Mid-Michigan District Health Department is liable only for wages earned as of the date of termination. I also agree to have my photograph taken for identification purposes if hired.

I agree that any action or suit against the Employer arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

Signature: _____ Date: _____

HUMAN RESOURCES USE ONLY

Interviewer: _____ Date: _____

Interviewer: _____ Date: _____

Interviewer: _____ Date: _____

Employed Yes No

If employed: Title: _____ Starting Date: _____

Department: _____ Starting Salary: _____