

Application For Employment

Ionia County
100 Main Street
Ionia, MI 48846
(616) 527-5300

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:	Date of Application:
Part Time: __ Full Time: __ Shift: __ Permanent: __ Temporary: __	Minimum Salary Acceptable: \$ _____
Have you previously worked for Ionia County: __ Yes __ No If Yes, what Department: _____ when: _____	Date available to begin work:

Name: (Last, First, Middle)			
Street Address:			
City, State, Zip:			
Home Phone #: ()	Work Phone #: ()	Social Security #:	Driver's License #:
Do you possess a trade or professional license or certification (Law Enforcement Officer, Corrections Officer, Electrician, Plumber, etc.) __ Yes __ No			
License/Certifications: _____		State: _____	Expires: _____

If you are under 18 years of age, can you provide proof of your eligibility to work? __ Yes __ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? __ Yes __ No

Are you currently employed? __ Yes __ No

Are you currently on "lay-off" status and subject to recall? __ Yes __ No

May we contact your present employer? __ Yes __ No

Have you ever been convicted of a felony? __ Yes __ No

If Yes, please explain: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

Name & Address	Years Completed				Diploma/Degree Major/Minor
	5	6	7	8	
Elementary:					
High School:	9	10	11	12	
College:	1	2	3	4	
Graduate/Other:	1	2	3	4	
List any other training or qualifications you feel are important:					
List any honors or memberships you feel are important:					

Skills

Typing Speed: ___ Yes ___ No wpm: _____	Shorthand: ___ Yes ___ No wmp: _____	Data Entry: ___ Yes ___ No wpm: _____
Dictaphone: ___ Yes ___ No	Copier: ___ Yes ___ No	Word Processor: ___ Yes ___ No
Telephone: ___ Yes ___ No	FAX: ___ Yes ___ No	Adding Machine: ___ Yes ___ No
Switchboard: ___ Yes ___ No	Filing: ___ Yes ___ No	Postage Meter: ___ Yes ___ No
Bookkeeping experience: (where & when)		
Computer Software: (ex: WordPerfect/Lotus)		
List any other office machines you operate, or special skills you possess:		

Do you have a valid Michigan driver's license? (If required for the job for which applying): Yes ___ No ___

Do you have dependable transportation in which to get to work? ___ Yes ___ No ___

Have you ever had any job-related training in the United States Military? ___ Yes ___ No ___

If Yes, please describe:

Employment Experience

List your work experience including any self-employment, military service assignments and volunteer work within the past 5 years. Describe the kind of work you did and the number and type of employees you supervised, if any. Include reasons for any periods of unemployment. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer Information	History	Duties/Description
Employer:	From:	
Street Address:	To:	
City, State, Zip:	PartTime: __	
Phone #: ()	FullTime: __	
Supervisor:	Salary:\$	
Reason for Leaving:	Title:	
Employer Information	History	Duties/Description
Employer:	From:	
Street Address:	To:	
City, State, Zip:	PartTime __	
Phone #:()	FullTime __	
Supervisor:	Salary:\$	
Reason for Leaving:	Title:	
Employer Information	History	Duties/Description
Employer:	From:	
Street Address:	To:	
City, State, Zip:	PartTime __	
Phone #:()	FullTime __	
Supervisor:	Salary:\$	
Reason for Leaving:	Title:	

Special Job Related Skills

Summarize special job-related skills and qualifications acquired from employment or other experience:

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to use in considering your application.

REFERENCES

Name _____ Telephone _____ ()

Address _____

Name _____ Telephone _____ ()

Address _____

Name _____ Telephone _____ ()

Address _____

Name _____ Telephone _____ ()

Address _____

APPLICANT'S STATEMENT

I certify that the information contained in this application is correct and understand that falsification of this information is grounds for dismissal. 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, and 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 you. In consideration of my employment, I agree to conform to the rules and regulations of the Employer and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, and my employment relationship is at will. I understand that no manager or representative of the Employer has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Date

Signature of Applicant

FOR EMPLOYER USE ONLY

Position(s) Applied For Is Open: ___ Yes ___ No
Position(s) Considered For: _____
Date: _____

[SEPARATE SHEET]

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected.

As an employer with an *Affirmative Action Program*, we comply with government regulations, including *Affirmative Action* responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping reporting, and other legal requirements. Periodic reports may be made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Voluntary Survey

(PLEASE PRINT)

DATE _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Name		
Address		
City	State	Zip
Social Security Number		

	Position Applied For
	Check One: ___ MALE ___ FEMALE
	Check one of the following: (ethnic origin) ___ WHITE ___ HISPANIC ___ AMERICAN INDIAN/ALASKAN NATIVE ___ BLACK ___ OTHER ___ ASIAN/PACIFIC ISLANDER
	Check if any of the following are applicable: ___ VIETNAM VETERAN ___ DISABLED VETERAN ___ HANDICAPPED INDIVIDUAL