



## TUSCOLA COUNTY HEALTH DEPARTMENT

1309 CLEAVER RD., STE. B, CARO, MI 48723-9135

Phone: (989) 673-8114 Fax (989) 673-7490

### APPLICATION FOR EMPLOYMENT

Date of Application	For what type of position are you applying?		
Last Name	First Name	Middle Initial	
Street Address	City	State	Zip Code
Social Security Number	Telephone Number(s)		

How did you learn about us?	Salary Expected:
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On what date would you be available for work? _____ Type of Employment Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other			
Have you filed an application here before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Date:	
Have you ever been employed here before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Date:	
If you are not 18 years of age or older, please attach work permit			
Are you on layoff, subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you work overtime, if required?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you travel if job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been convicted of a felony within the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(conviction will not necessarily disqualify an applicant from employment)	
If Yes, explain			
Are you legally eligible for employment in this county?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Proof of U.S. citizenship or immigration status will be required upon employment.)	

### EDUCATION

List ALL Schools Attended	Name and Address of School	No. of years completed	Did you graduate?	Degree	High School Courses and/or college major
High/Prep Schools					
College/University					
Other Education					

Do you plan to further your education?  Yes  No If yes, when?

### SKILLS AND QUALIFICATIONS

Special Training or Instruction:
Indicate any special skills or any information you think would be helpful in considering you for employment with the Tuscola County Health Department, i.e., additional education, experience, activities, accomplishments:

## EMPLOYMENT REFERENCE/HISTORY

Company Name:	Supervisor:	Phone No.:
Address:		Employment Dates:
Job Title/Description of Work:		Weekly Pay Start:
Reason for Leaving:		Weekly Pay Ending:

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Address:		Employment Dates:
Job Title/Description of Work:		Weekly Pay Start:
Reason for Leaving:		Weekly Pay Ending:

**\*If you need more space, please attach another sheet of paper.**

Comments: (including explanation of any gaps in employment)

May we contact the employers listed above?  Yes  No If no, indicate those you do not wish us to contact:

## U.S. MILITARY STATUS AND RECORD

If you have a pending military obligation, what are your plans for completing it?	
Branch of Service:	Nature of Duties:
What specialized training did you receive?	
Do you have a reserve or National Guard obligation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
Active Duty Dates From:	To:
Rank Held Upon Entry:	Release:

**As an Equal Opportunity Employer, we base employment decisions on job-related information. All legal requirements pertinent to fair employment practices are complied with by the Tuscola County Health Department.**

## PRE-EMPLOYMENT STATEMENT

(PLEASE READ CAREFULLY BEFORE SIGNING)

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at any employment decision. I understand that any false answers or statements or misleading omissions made by me on this application or any document submitted along with this application in connection with the above mentioned investigation, can be sufficient grounds for my rejection as a candidate for employment or immediate discharge.

I hereby authorize all my current or previous employers, education institutions, and other references listed above to furnish to the Tuscola County Health Department any information they may have on record or otherwise concerning me, excluding information related to medical conditions or disability.

I agree and understand that any employment offer is conditional until such time as the results of my reference and background checks and physical examination are completed.

Under Michigan law, the Tuscola County Health Department complies with the Americans with Disabilities Act and applicable state and local laws providing for nondiscrimination in employment against qualified individuals with disabilities. The Health Department also provides reasonable accommodation for such individuals in accordance with these laws.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an At will nature, which means that the employees may resign at any time and the employer may discharge the employee at any time, with or without cause. It is further understood that this At will employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Having made application for employment, I hereby authorize the Tuscola County Health Department, through the Michigan State Police Criminal Justice Information Center to do a background check of my past record to ascertain any and all information which may concern my police record, character, whether such information is of record or not. I hereby release my present and past employers, reference, any criminal justice agency and all persons, whoever, from any liability because of furnishing said information.

Operator's License No. \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date