



TUSCOLA COUNTY HEALTH DEPARTMENT

1309 CLEAVER ROAD, CARO, MI 48723

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

APPLICATION FOR EMPLOYMENT

Date of Application	Position Applied For		
Last Name	First Name	Middle Initial	
Street Address	City	State	Zip Code
Email Address	Telephone Number(s)		

How did you learn about us?	Salary Expected:
-----------------------------	------------------

On what date would you be available for work? _____ Type of Employment Desired: Full Time Part Time Other

Have you filed an application here before? Yes No If yes, Date: _____

Have you ever been employed here before? Yes No If yes, Date: _____

Are you 18 years of age or older? Yes No

Will you work overtime, if required? Yes No

Will you travel if job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No (conviction will not necessarily disqualify an applicant from employment)

If Yes, explain _____

Are you legally eligible for employment in this county? Yes 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					

PROFESSIONAL LICENSES, CERTIFICATIONS, SKILLS AND QUALIFICATIONS

List any state in which you are or have been licensed or certified.

Have you ever had any professional license or certification placed under investigation, disciplined, suspended, revoked or put on probation? Yes No If yes, explain:

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 HISTORY

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

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

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

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

***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:

REFERENCES

(business and professional only)

Name	Title	Company	Phone

U.S. MILITARY STATUS AND RECORD

Branch of Service:	Dates of Service From: To:
Describe any specialized training and duties	
Were you honorably discharged?	
Do you have a reserve or National Guard obligation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	

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 checks, physical examination and drug screening are completed. I must satisfactorily pass these to obtain employment.

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 the employee 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.

Driver's License # _____

Signature of Applicant

Date