

TUSCOLA COUNTY CENTRAL DISPATCH APPLICATION FOR EMPLOYMENT (PLEASE PRINT CLEARLY)

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

POSITION APPLIE	ED FOR:	_	Date of Applicati		Are you 18 year age or older?	
					Yes	_ 110
Name:						
Last		First		Middle		
Present Address:	Number & Street		- Indiana de Angeles de la constante de la con	How many years		
	Number & Street					
City		State	Zip			
Home Phone #:	()	-	Cell F	Phone #: () -	
email address:					- ;	
Previous Address:				How many years		
	Number & Street					
City	W. W	State	Zip			
				Tr. u.e.	AND THE RESIDENCE OF THE PARTY	
Date Available for Work:			Do you want?	[Full Time		
WOIK.			Ī	Part Time		
What shift(s) are you	willing to work?		Specify any day	ys or times you are not	available to work.	
		-				_
Have you ever been employed by	Date Started		Date L	eft		
Tuscola County?	Date Started	A.	-		-	
In what Depart			tion:	Reason f	for Leaving:	
YAG GI	a If not a U.S.	citizen do vo	ou have a legal righ	t to remain permanent	ly in the United	a de la comoción de l
Are you a U.S. Citize	States	Yes	No			
				our legal right to rema	nin in the U.S.?	
	Yes	1\(0)	J			

		Na			
Do you have a reliable form of transportation available to you to go to and from work? Yes No Do you have a valid drivers license? Yes No					
Are you currently employed? Yes No May we contact your employer? Yes No					
Yes	_ No				
ned in lieu of dischar	ge?	YesNo			
ns, explain all such ii	incidents, giv	No ving facts, dates			
welve months?					
or prolonged stress?	?Ye	es No			
DYONI					
ION	Years				
Course of Study	1	Diploma/Degree			
	And the second s				
		Address of the Control of the Contro			
SERVICE If yes, what	t branch?	Control Control			
	May we contact you Yes Ided in lieu of dischargers an employer? Ins, explain all such in attached signed sheet welve months? In prolonged stress? It you can perform Aland without delay? TION Course of Study SERVICE	May we contact your employer? YesNo ned in lieu of discharge? by an employer?Yes ns, explain all such incidents, giventached signed sheet. welve months? or prolonged stress?Ye at you can perform All of the essent and without delay?Yes TION Course of Study Completed SERVICE			

WORK EXPERIENCE

Start with your present employer or last job. List your last four employers or all employers for the last ten years, whichever is greater. Also list and explain any period(s) of unemployment. Please answer all inquiries. "See resume" is not acceptable.

Employer: Address: Phone Number: Starting/Present Job Title: Supervisor: Reason for Leaving:	Dates Employed From: / / To: / / Work Performed: May we Contact? Yes No
Employer:	Dates Employed From: / / To:/ /
Address: Phone Number:	Work Performed:
Starting/Present Job Title:	
Supervisor:	
Reason for Leaving:	May we Contact? Yes No
Employer:	Dates Employed From: / / To: / /
Address:	Work Performed:
Phone Number:	
Starting/Present Job Title:	
Supervisor:	
Reason for Leaving:	May we Contact? Yes No
Comments: (Include explanation of any gaps in employment	t)

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Employer:	Dates Employed From: / / To: / /
Address:	Work Performed:
Phone Number:	
Starting/Present Job Title:	
Supervisor:	
Reason for Leaving:	May we Contact? Yes No
Employer:	Dates Employed
Address:	From:/To:// Work Performed:
Phone Number:	
Starting/Present Job Title:	
Supervisor:	
Reason for Leaving:	May we Contact? Yes No
Employer:	Dates Employed
Address:	From:/To:/
Phone Number:	Work Performed:
Starting/Present Job Title:	
Supervisor:	
Reason for Leaving:	May we Contact? Yes No
Comments: (Include explanation of any gaps in employment	t)

Have you ever been convicted of a crime?	Yes	No	
Do you have any felony charges pending ag	gainst you? Yes	No	
Have you ever been convicted or pled guilty If yes to any of the above questions, explair space is needed attach a signed statement.	n by giving the date, na		
	ALCONOMIC CONTRACTOR C		AN LYNNING AN HOLDER COUNTY FOR THE STATE OF
	MMM00CQ1200040C049999999999999999999999999999999		
3	ONAL PROFESSIONA DE FAMILY MEMBERS		SORS .
Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			
	L	L	
Describe any specialized	training or skills you fo	eel may relate to pos	ition applied for
I understand that I may be required to submit to employment and that I must satisfactorily pass s	a physical examination, uch an examination to o	which may include a obtain employment.	drug test, prior to beginning
I have read and fully understand the questions of answered each and every question to the best of supplied or failed to supply can result in a reject discretion of the County. I understand that all the that I have attended, licensing and certification I Tuscola County Central Dispatch or its designed regarding their disclosure to the County of any proformer employers arising from such investigation personal history and financial and credit record	my knowledge. I understion of this application of this application of the inquiries on this application of the control of the	tand that any misrepresor, if I have been hired, cation are subject to veorevious employers to avaive written notice fround waive any claim a re hereby authorized to	sentation of the information 1 have an immediate dismissal at the sole erification and authorize any schools release any requested information to m any and all former employees gainst the County and current or make any investigation of my
(Signature of Applicant)		-	Date

AUTHORIZATION TO RELEASE INFORMATION

I hereby request and authorize you to furnish Tuscola County Central Dispatch or its designee(s) with any and all information they may request concerning my work record, education history, military record, financial status, criminal record, driving record, general reputation, and past or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for determining my eligibility for employment with Tuscola County Central Dispatch.
I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications for employment with Tuscola County Central Dispatch.
Applicant's name:
Applicant's signature:
Social Security #
Drivers/Chauffeurs License #
Date:
NOTE: This form may be retained in your files