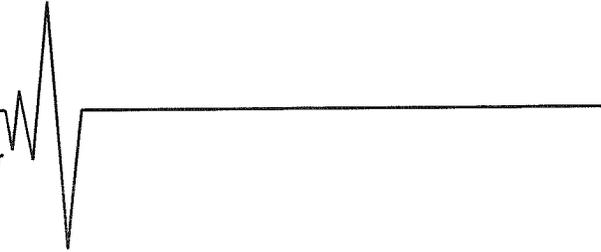


9-1-1

Sandra Nielsen, Director



**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 APPLIED FOR: _____ | Date of Application: _____ / _____ / _____ | Are you 18 years of age or older? Yes _____ No _____ |
|-----------------------------|--|---|

| | |
|---|---------------------------|
| Name: _____ Last First Middle | How many years: _____ |
| Present Address: _____ Number & Street | City State Zip |
| Home Phone #: () - _____ | Cell Phone #: () - _____ |
| email address: _____ | |

| | |
|--|-----------------------|
| Previous Address: _____ Number & Street | How many years: _____ |
| City State Zip | |

| | |
|---|---|
| Date Available for Work: _____ | Do you want? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |
| What shift(s) are you willing to work? _____ | Specify any days or times you are not available to work. _____ |
| Have you ever been employed by Tuscola County? _____ | Date Started _____ Date Left _____ |
| In what Department? _____ | Position: _____ Reason for Leaving: _____ |

| | |
|----------------------------------|--|
| Are you a U.S. Citizen? _____ | If not a U.S. citizen, do you have a legal right to remain permanently in the United States _____ Yes _____ No |
| | If employed, can you submit verification of your legal right to remain in the U.S.? _____ Yes _____ No |

What Prompted your Application? _____

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

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

Have you ever been discharged by an employer or resigned in lieu of discharge? ____ Yes ____ No

Have you ever been disciplined (other than discharged) by an employer? ____ Yes ____ No
If you answered yes to either of the two previous questions, explain all such incidents, giving facts, dates describing any action you took and any resolution, on an attached signed sheet.

How much time have you missed from work in the past twelve months? _____

Are you able to function normally when under temporary or prolonged stress? ____ Yes ____ No

With proper training and supervision, do you believe that you can perform All of the essential job functions of the position you are applying for: unassisted and without delay? ____ Yes ____ No

EDUCATION

| School | Name and Address of School | Course of Study | Years Completed | Diploma/Degree |
|---------------------------|----------------------------|-----------------|-----------------|----------------|
| HIGH SCHOOL | | | | |
| UNDERGRADUATE/ COLLEGE | | | | |
| GRADUATE /PROFESSIONAL | | | | |
| BUSINESS OR TRADE | | | | |
| OTHER (SPECIFY) | | | | |

MILITARY SERVICE

Have you ever served in the armed forces ____ Yes ____ No If yes, what branch? _____

Dates of Duty ____/____/____ To ____/____/____ Rank at discharge _____

What were your duties in the service (including special training and duty station?)

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: | 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 From: ___ / ___ / ___ To: ___ / ___ / ___ |
| Address: | Work Performed: _____ |
| Phone Number: | _____ |
| 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)

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: | Dates Employed From: ___ / ___ / ___ To: ___ / ___ / ___ |
| Address: | Work Performed: _____ |
| Phone Number: | _____ |
| Starting/Present Job Title: | _____ |
| Supervisor: | _____ |
| Reason for Leaving: | May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|-----------------------------|--|
| Employer: | Dates Employed From: ___ / ___ / ___ To: ___ / ___ / ___ |
| Address: | Work Performed: _____ |
| Phone Number: | _____ |
| Starting/Present Job Title: | _____ |
| Supervisor: | _____ |
| Reason for Leaving: | May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|-----------------------------|--|
| Employer: | Dates Employed From: ___ / ___ / ___ To: ___ / ___ / ___ |
| Address: | Work Performed: _____ |
| Phone Number: | _____ |
| Starting/Present Job Title: | _____ |
| Supervisor: | _____ |
| Reason for Leaving: | May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Comments: (Include explanation of any gaps in employment)

Have you ever been **convicted** of a crime? ____ Yes ____ No

Do you have any felony charges pending against you? ____ Yes ____ No

Have you ever been convicted or pled guilty or nolo contendere to a crime? ____ Yes ____ No

If yes to any of the above questions, explain by giving the date, nature of the offense and circumstances. If additional space is needed attach a signed statement.

| PERSONAL PROFESSIONAL REFERENCE. | | | |
|--|--------------|-------------------|------------|
| DO NOT INCLUDE FAMILY MEMBERS OR PAST SUPERVISORS | | | |
| Name | Phone Number | Best Time to Call | Occupation |
| 1. | | | |
| 2. | | | |
| 3. | | | |

Describe any specialized training or skills you feel may relate to position applied for

I understand that I may be required to submit to a physical examination, which may include a drug test, prior to beginning employment and that I must satisfactorily pass such an examination to obtain employment.

I have read and fully understand the questions on this application for employment. I have completely, truthfully, and accurately answered each and every question to the best of my knowledge. I understand that any misrepresentation of the information I have supplied or failed to supply can result in a rejection of this application or, if I have been hired, an immediate dismissal at the sole discretion of the County. I understand that all the inquiries on this application are subject to verification and authorize any schools that I have attended, licensing and certification boards and current and previous employers to release any requested information to Tuscola County Central Dispatch or its designee(s). I also specifically waive written notice from any and all former employees regarding their disclosure to the County of any prior disciplinary action and waive any claim against the County and current or former employers arising from such investigation or disclosure. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

(Signature of Applicant)

Date

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

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