



BARRY COUNTY SHERIFF'S OFFICE
EMPLOYMENT APPLICATION

NAME: _____

DATE OF APPLICATION: _____

POSITION APPLIED FOR:

DEPUTY SHERIFF (MCOLES CERTIFICATION REQUIRED) MCOLES I.D. # _____

ACADEMY ATTENDED: _____ DATES ATTENDED: _____

IF CURRENTLY ATTENDING ACADEMY, WHICH ONE? _____

EXPECTED GRADUATION DATE: _____

CORRECTIONS DEPUTY

WRITTEN TEST SCORE: _____ PLEASE PROVIDE DOCUMENTATION

LCOPAT SCORE: _____ PLEASE PROVIDE DOCUMENTATION

CORRECTIONS ACADEMY, IF ATTENDED: _____

LCOTS I.D. # _____

DATE CERTIFIED: _____

CIVILIAN/ADMINISTRATIVE AID

CADET

EMPLOYMENT DESIRED: FULL TIME PART TIME

IF HIRED, DATE AVAILABLE TO START: _____

CURRENTLY EMPLOYED? YES [] NO []

IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES [] NO []

PERSONAL INFORMATION

NAME: _____
(Last) (First) (Middle)

CURRENT ADDRESS: _____

OTHER ADDRESS USED: _____

DRIVERS LICENSE NUMBER: _____

PHONE – HOME: _____ CELL: _____

WORK: _____ OTHER: _____

ARE YOU 18 YEARS OLD OR OLDER? [] YES [] NO

ARE YOU A U.S. CITIZEN? YES [] NO []

HAVE YOU EVER WORKED FOR THIS COUNTY BEFORE? YES [] NO []

HAVE YOU EVER APPLIED WITH THIS COUNTY BEFORE? YES [] NO []

IF SO, WHEN? _____

DO YOU PERSONALLY KNOW ANY EMPLOYEES OF THE COUNTY OF BARRY? YES [] NO []

DO YOU HAVE ANY RELATIVES EMPLOYED BY THE COUNTY OF BARRY? YES [] NO []

DO YOU POSSESS COMMUNICATION SKILLS IN ANY OTHER LANGUAGE OTHER THAN ENGLISH? YES [] NO [] LANGUAGE: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES [] NO []

HAVE YOU EVER BEEN CONVICTED OF A MISDEAMEANOR CRIME OF DOMESTIC VIOLENCE, OR ITS EQUIVALENT, AT ANY TIME DURING YOUR ADULT LIFE? YES [] NO []

****YOU WILL NOT BE DENIED EMPLOYMENT SOLEY BECAUSE OF A CONVICTION RECORD, UNLESS THE OFFENSE IS RELATED TO OR IMPACTS THE JOB FOR WHICH YOU ARE MAKING APPLICATION****

HAVE YOU EVER BEEN DISCHARGE OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? YES [] NO []

DO YOU HAVE U.S. MILITARY EXPERIENCE? YES [] NO []

DATE ENTERED SERVICE: _____ BRANCH: _____

RANK: _____ DATE DISCHARGED: _____

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES? YES [] NO []

DATE OBLIGATION ENDS: _____

EDUCATION

HIGH SCHOOL: _____

ADDRESS OF SCHOOL: _____

PHONE: _____ YEARS ATTENDED: _____

DIPLOMA? YES [] NO [] GED? YES [] NO []

COLLEGE/UNIVERSITY NAME: _____

ADDRESS: _____

PHONE: _____ DATES ATTENDED: _____ TO _____

DIPLOMA? YES [] NO [] TYPE OF DEGREE: _____

NUMBER OF CREDITS: _____ MAJOR/FIELD OF STUDY: _____

COLLEGE/UNIVERSITY NAME: _____

ADDRESS: _____

PHONE: _____ DATES ATTENDED: _____ TO _____

DIPLOMA? YES [] NO [] TYPE OF DEGREE: _____

NUMBER OF CREDITS: _____ MAJOR/FIELD OF STUDY: _____

COLLEGE/UNIVERSITY NAME: _____

ADDRESS: _____

PHONE: _____ DATES ATTENDED: _____ TO _____

DIPLOMA? YES [] NO [] TYPE OF DEGREE: _____

NUMBER OF CREDITS: _____ MAJOR/FIELD OF STUDY: _____

TRADE, BUSINESS OR SPECIALIZED SCHOOL: _____

LOCATION OF SCHOOL: _____

DID YOU GRADUATE: YES [] NO [] FIELD OF STUDY: _____

ANY OTHER EDUCATION OR PROFESSIONAL LICENSES: _____

SPECIAL SKILLS: CHECK THE FOLLOWING SKILLS AND EXPERIENCES YOU POSSESS.

- [] COMPUTER SOFTWARE AND HARDWARE KNOWLEDGE
- [] COMPUTER PROGRAMMING
- [] WORD PROCESSING
- [] SIGN LANGUAGE, BRAILLE, OR OTHER SKILLS (EXPLAIN) _____

EMPLOYMENT/EXPERIENCE – PLEASE LIST STARTING WITH LAST EMPLOYER FIRST

NAME OF EMPLOYER: _____

POSITION HELD: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

NAME OF SUPERVISOR: _____ CONTACT NUMBER: _____

NAME OF EMPLOYER: _____

POSITION HELD: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

NAME OF SUPERVISOR: _____ CONTACT NUMBER: _____

NAME OF EMPLOYER: _____

POSITION HELD: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

NAME OF SUPERVISOR: _____ CONTACT NUMBER: _____

NAME OF EMPLOYER: _____

POSITION HELD: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

NAME OF SUPERVISOR: _____ CONTACT NUMBER: _____

PERSONAL REFERENCES

PLEASE PROVIDE THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR. WE WILL ASSUME WE HAVE YOUR PERMISSION TO CONTACT THESE INDIVIDUALS UNLESS YOU INDICATE TO THE CONTRARY.

NAME: _____

ADDRESS: _____

PHONE/CONTACT NUMBERS: _____

YEARS ACQUAINTED: _____

NAME: _____

ADDRESS: _____

PHONE/CONTACT NUMBERS: _____

YEARS ACQUAINTED: _____

NAME: _____

ADDRESS: _____

PHONE/CONTACT NUMBERS: _____

YEARS ACQUAINTED: _____

PLEASE READ CAREFULLY

1. WORK AUTHORIZATION:

BEFORE ANY APPLICANT CAN BEGIN WORK, THE PERSON MUST BE ABLE TO VERIFY, UNDER LAW, THAT HE OR SHE IS AUTHORIZED TO WORK IN THE UNITED STATES. ALL APPLICANTS OFFERED A POSITION WITH BARRY COUNTY WILL HAVE TO DOCUMENT THEIR AUTHORIZATION TO WORK BEFORE THE HIRING PROCESS WILL BE COMPLETE.

ALL APPLICANTS ARE BEING NOTIFIED AT THIS TIME THAT, IF SELECTED FOR HIRE, IT WILL BE YOUR RESPONSIBILITY TO PROVIDE BARRY COUNTY WITH DOCUMENTATION SHOWING YOUR RIGHT TO WORK. BARRY COUNTY IS GIVING YOU THIS NOTICE SO MAY HAVE THOSE DOCUMENTS READY IF YOU SHOULD BE OFFERED A POSITION. THE DOCUMENTS WILL BE REVIEWED BY THE DEPARTMENT HEAD OR COORDINATOR AT THE TIME A CONDITIONAL OFFER OF EMPLOYMENT IS MADE.

2. MEDICAL EXAMINATION:

ANY JOB YOU ARE OFFERED BY BARRY COUNTY WILL BE CONDITIONAL ON THE RESULTS OF A MEDICAL EXAMINATION IF ONE IS REQUESTED BY BARRY COUNTY. THE MEDICAL EXAM WILL BE CONDUCTED BY A PHYSICIAN SELECTED BY BARRY COUNTY AND WILL BE COMPLETED BEFORE YOU BEGIN WORK ON THE JOB.

3. ACCOMODATIONS:

MICHIGAN LAW REQUIRES THAT YOU NOTIFY BARRY COUNTY IN WRITING OF A NEED FOR ACCOMODATION FOR EMPLOYMENT WITHIN 182 DAYS AFTER YOU KNOW OR SHOULD HAVE KNOWN THAT AN ACCOMODATION OF YOUR HANDICAP IS NEEDED.

CERTIFICATION OF FACTS:

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOUT TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FROM ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE, UNTIL ONE YEAR OF EMPLOYMENT AND FULL TIME STATUS HAS BEEN ACHIEVED."

CRIMINAL HISTORY AND DRIVING RECORD:

I AGREE TO COOPERATE WITH BARRY COUNTY BY TAKING WHATEVER STEPS ARE NEEDED IN ORDER TO ALLOW BARRY COUNTY TO SECURE MY CRIMINAL CONVICTION HISTORY AND DRIVING RECORD FROM THE APPROPRIATE AGENCIES.

DATE: _____ SIGNATURE _____