

APPLICATION FOR EMPLOYMENT

LAPEER COUNTY

****Every Section Must be Completed** Failure to do so may result in rejection of your application and you may not be considered for employment.**

Have you ever filed an application with us before? ___ Yes ___ No If yes, when _____	POSITION APPLIED FOR:	
Name (Last, first, middle)		
Address (Street, city, state, zip code)	How many years?	
Telephone/Contact Numbers:		
Previous address (Street, city, state, zip code)	How many years?	
Specify any days or times you are not available for work:	What shift(s) are you willing to work?	
Salary Expectation: \$ _____ Per	Date Available for Work:	Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Have you ever been employed by LAPEER County or one of its Agencies or Courts? ___ Yes ___ No	Date Started	Date Left
In what Department?	In what position?	Reason for Leaving
Are you a U.S. Citizen? ___ Yes ___ No	If you are 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 telephone at your place of residence? ___ Yes ___ No		
Do you have a reliable form of transportation available to you to go to and from work? ___ Yes ___ No		

MILITARY SERVICE

Service	Branch	Dates of Service From _____ To _____
Were you honorably discharged?		Reserve status
Describe any specialized training and duties:		

"AN EQUAL OPPORTUNITY EMPLOYER"

EMPLOYMENT HISTORY - List your last four employers, or all employers for the last ten years, whichever is greater. Attach additional signed sheets if necessary. Also list and explain any period(s) of unemployment. Please answer all inquiries. "See Resume" is **not** acceptable.

Employer's Name		Dates (month and year): From To	
Address (Street, city, state, zip code)		Telephone	
Supervisor (Name & title)	Your title		Salary
Duties & responsibilities			
Reason for leaving			
Employer's Name		Dates (month and year): From To	
Address (Street, city, state, zip code)		Telephone	
Supervisor (Name & title)	Your title		Salary
Duties & responsibilities			
Reason for leaving			
Employer's Name		Dates (month and year): From To	
Address (Street, city, state, zip code)		Telephone	
Supervisor (Name & title)	Your title		Salary
Duties & responsibilities			
Reason for leaving			
Employer's Name		Dates (month and year): From To	
Address (Street, city, state, zip code)		Telephone	
Supervisor (Name & title)	Your title		Salary
Duties & responsibilities			
Reason for leaving			

Are you currently on "layoff" 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 a relative by birth or marriage to any Lapeer County Elected Official or Full-Time management employee? ____ Yes ____ No;
 If Yes: Name: _____ Relationship: _____
 Do you have a valid driver's license? ____ Yes ____ No *DL# _____
 *License number may be used for background checks through SOM/ iChat

EDUCATION

SCHOOL	LOCATION	DEGREES
High School		
Business School		
College/University		
Trade/Vocational School		
Extracurricular activities & honors received in school:		

PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS

List all states in which you are or have been licensed or certified and any national certifications. Attach additional pages if necessary.

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

Have you ever been denied a license or certification? ____ Yes ____ No

If you answered yes to either above questions, explain in detail on an attached signed statement.

MISCELLANEOUS

Do you have any felony charges pending against you? ____ Yes ____ No
Have you ever been convicted or pled guilty or nolo contendere to a felony or misdemeanor? ____ Yes ____ No
If you answered yes to either of the two preceding questions, explain by giving the date, nature of the offense and circumstances in an attached, signed statement. Conviction of a crime will not necessarily disqualify an applicant from employment.
Are you 18 years of age or older? ____ Yes ____ No
Are you able to perform the duties of the job for which you have applied? ____ Yes ____ No
References: Give the name, address and telephone numbers of three references who are not related to you: 1. 2. 3.

CERTIFICATIONS

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. Some County Departments may also require additional pre-employment conditions, including background checks. _____ (initial here).

Pursuant to Federal Regulation, Lapeer County maintains a drug-free workplace. This prohibits the use of marijuana.

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 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 the County of Lapeer or any of its Agencies or Courts. I also specifically waive written notice or any other notice from any and all former or present employers regarding their disclosure to the County of Lapeer or any of its agencies or Courts of any prior disciplinary action and waive any claim against the County of Lapeer or any of its agencies or Courts and current or former employers arising from such investigation or disclosure. 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 or any of its agencies or Courts. _____ (initial here)

I understand and agree that in the absence of an expressly written contract or agreement to the contrary, signed by an authorized executive of the County and by me or my authorized representative, **any employment I accept shall be for an indefinite term and may be terminated at any time with or without cause either by me or at the will and sole discretion of the County regardless of any contrary provisions in any other forms, manuals, handbooks or other documents.** Similarly, such employment shall be at the wages, benefits, hours and conditions as the County may determine and change from time to time and I agree to abide by any rules, regulations, policies and procedures that may be established from time to time. I understand that no one, other than an authorized executive of the County has any authority to enter into an agreement with me contrary to the provisions of this paragraph and that any such agreement must be in writing and signed by such authorized executive or it shall not be effective. _____ (initial here)

I have read, understand, and agree to ALL of the terms of the Certification statements, as indicated above.

(Signature of Applicant)

(Date)

ADDITIONAL CERTIFICATIONS/AUTHORIZATIONS/RELEASES

- 1) I certify that the information in this application is true, complete, and correct to the best of my knowledge and understand that falsification, misleading, misrepresentation or omission of any information submitted in connection with my application or interview, whether in this document or not, may result in rejection of my application or, if hired, in dismissal.

Signature: _____

Date: _____

- 2) I waive written notice from my current employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel records (even if more than four years old). This waiver is made pursuant to the Bullard-Plawecki Employee Right to Know Act.

Signature: _____

Date: _____

- 3) I authorize the references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and any pertinent information they may have (even if more than four years old) and release all parties from any liability for any damages that may result from furnishing same to you. As a consequence of this release, I am releasing Lapeer County and all of its agents and employees and any and all of my current and former employers and their agents or its employees for providing this information from any and all liability or damages or suits of any kind or nature that may or could result from furnishing this requested information.

Signature: _____

Date: _____

- 4) I authorize the County of Lapeer to release any information (even if more than four years old) relating in any way to my employment including disciplinary reports, letters of reprimand or other notices of disciplinary action when such information is requested by any prospective or subsequent employers without any obligation (by them or you) to give me any notice of such disclosure.

Signature: _____

Date: _____

- 5) I understand that any employment offer is conditional upon the results of the drug screening test and/or background check and the post offer pre-employment medical examination.

Signature: _____

Date: _____

- 6) I have read the attached job description. If employed, I understand that if I am or become handicapped in need of accommodations for employment, I must notify the Administration Office in writing within 182 days after the need is known or reasonably should have been known to me. The requirement is applicable under the Michigan Handicappers Act and this does not preclude any rights an applicant may have pursuant to the Americans with Disabilities Act of 1990, as amended. Failure to properly notify the County will preclude any claim that the employer failed to accommodate.

Signature: _____

Date: _____

APPLICANTS FOR POSITIONS THAT ARE COVERED BY A COLLECTIVE BARGAINING AGREEMENT, READ AND SIGN PARAGRAPH 7(B). DO NOT SIGN PARAGRAPH 7(A).

APPLICANTS FOR POSITIONS THAT ARE NOT COVERED BY A COLLECTIVE BARGAINING AGREEMENT, READ AND SIGN PARAGRAPH 7(A). DO NOT SIGN PARAGRAPH 7(B).

FOR POSITIONS NOT COVERED BY A COLLECTIVE BARGAINING AGREEMENT

7(A) In consideration of my employment, I agree to conform to the rules and regulations of the County of Lapeer, as they may be amended or changed from time to time, and I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either the County or myself. I understand that no officer or representative of the County has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the Elected/Appointed Department Head or Board of Commissioners of the County and any such agreement must be made in writing, directed to me personally. I further acknowledge that no one has made any representations or statements to the contrary to the County's employment **at-will policy** or about the County's economic outlook or stability to me, either oral or in writing, and I acknowledge and understand that no one has the authority to make such representations or statements to the contrary in the future. I further acknowledge that if I accept an offer of employment with the Company, I have not relied on any oral or written representations relating to the terms and conditions of my employment or otherwise in accepting or continuing my employment with the company.

Signature: _____

Date: _____

FOR POSITIONS COVERED BY A COLLECTIVE BARGAINING AGREEMENT

7(B) In consideration of my employment, I agree to the rules and regulations of the County of Lapeer. I further acknowledge I will be on probationary status for a period determined by the Union contract and/or County personnel rules and regulations. As a probationary employee, I understand my employment and compensation can be terminated at any time with or without cause and with or without notice at the option of either the County or myself. I understand that no officer or representative of the County has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the Elected/Appointed Department Head or Board of Commissioners of the County and any such agreement must be made in a signed writing directed to me personally.

I further understand that after my probationary period ends, I will be subject to the terms and conditions of the collective bargaining agreement between County of Lapeer and the pertinent union. I acknowledge that no one has made any representations or statements contrary to the County's probationary **at-will policy** to me or about the County's economic outlook or stability either orally or in writing, and I acknowledge that no one has the authority to make such representations or statements to the contrary in the future. I further acknowledge that if I accept an offer of employment with the Company, I have not relied on any oral or written representations relating to the terms and conditions of my employment or otherwise in accepting or continuing my employment with the Company.

Signature: _____

Date: _____

8.

I agree that any lawsuit against the County arising out of my employment or termination of employment, including but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within one year of the event giving rise to the claims or be forever barred. I waive any limitations period to the contrary.

Signature: _____

Date: _____