

# Kalkaska County Employment Application Form

605 N Birch St  
Kalkaska, MI 49646  
(231) 258-3349

Please print all information requested except signature.

PLEASE COMPLETE PAGES 1-4		Date _____	
Name _____			
Last	First	Middle	
Present Address _____			
Number	Street	City	State      Zip
How long at this address? _____		Email _____	
Phone No. _____		Other Phone _____	
Position Applied For: _____			
Salary Desired: _____			
Have you ever been employed here before?      Yes      No      If yes, give date: _____			
Employment desired:      FULL-TIME      PART-TIME      ANY AVAILABLE			
When are you available for work? _____		Can you travel if job requires it?      YES      NO	
Are you working now?      YES      NO		Are you on a lay-off and subject to recall?      YES      NO	
May we contact your present employer?      YES      NO			
Are you prevented from lawfully becoming employed in the country because of Visa or Immigration status?      YES      NO			

## EDUCATION:

Type of School	Name of School	Location	Years Completed	Major & Degree
High School				
College				
Business or Trade				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE, (Misdemeanor or Felony)?    Yes    No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

NOTE: A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation, and rehabilitation will be considered.

**SKILLS:**

Word Processing	Yes	No	WPM: _____	10 Key	Yes	No
Personal Computer		Yes	No	Other Skills:		
		PC	Mac			

**REFERENCES:**

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Telephone _____	Telephone _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

HAVE YOU EVER BEEN IN THE ARMED FORCES?    Yes    No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?    Yes    No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**WORK EXPERIENCE**

Please list your work experience beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer _____	Name of last supervisor	Employment dates	Pay or salary
Address _____			
City, State, Zip _____		From	Start
Phone number _____		To	Final
		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer _____	Name of last supervisor	Employment dates	Pay or salary
Address _____			
City, State, Zip _____		From	Start
Phone number _____		To	Final
		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer _____	Name of last supervisor	Employment dates	Pay or salary
Address _____			
City, State, Zip _____		From	Start
Phone number _____		To	Final
		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

## AUTHORIZATION AND CERTIFICATION

Please carefully read the following statements and initial each one where indicated. If you have a question regarding any of the statements, please ask prior to initialing and signing the application. Your initials and signature verify that you have read, understand, and agree to abide by the statements below.

Initial:

\_\_\_\_\_ I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of my knowledge and belief, and I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

\_\_\_\_\_ I authorize the County of Kalkaska to contact any of the persons or organizations referenced in my application materials. I also authorize any person contacted to provide to the County of Kalkaska any and all information regarding my employment, education, or any other information concerning any of the subjects covered by the application. I agree to execute employment records release authorization forms as may be required by the County of Kalkaska requesting employment records from my present and/or former employer(s).

\_\_\_\_\_ I understand that I may be required to successfully pass a physical and/or a drug test to gain employment or continue employment with the County of Kalkaska. I consent freely and voluntarily to participate in required test(s), at a location selected by the County of Kalkaska. I also consent to the release of the test(s) results to the County of Kalkaska. I hereby release and hold harmless the County of Kalkaska, its officers, agents, and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, except for their negligence, arising from the test(s) and decisions concerning employment based upon the results of this test(s). In addition, I understand that the County of Kalkaska maintains a drug-free and a smoke-free workplace.

\_\_\_\_\_ I understand that if certain positions have particular security requirements or if the County of Kalkaska determines there is a Bona Fide Occupational Qualification inherent in the position which requires certain information, a police background check seeking that information may be conducted prior to making a decision regarding employment. I authorize the County of Kalkaska, its officers, agents, and employees to conduct such a check if I am applying for one of these positions, and I release and hold harmless the County of Kalkaska, its officers, agents, and employees from any liability, except for its negligence, related to the performance or result of this check.

\_\_\_\_\_ If accepted for employment under a bargaining agreement, I agree that my status as an employee, depends upon successful performance during a probationary period and that I am an "at-will" employee during this probationary period.

\_\_\_\_\_ If accepted for employment not covered under a bargaining agreement, I understand that I will always be an "at-will" employee.

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Applicant's Signature

Date

Thank you for your interest in employment with the County of Kalkaska.

**AN EQUAL OPPORTUNITY EMPLOYER**

[www.kalkaskacounty.net](http://www.kalkaskacounty.net)