

OGEMAW COUNTY EMERGENCY DISPATCH AUTHORITY

APPLICATION FOR EMPLOYMENT

Please answer **ALL** questions and return to:
Ogemaw County Emergency Dispatch Authority
205 S Eighth St, West Branch, Michigan 48661
(989) 345-2911

Previously applied for a position at Ogemaw
County Emergency Dispatch Authority?

Yes No

If Yes, Which position? _____

When? _____

NOTE: MUST BE COMPLETED & SIGNED

PERSONAL INFORMATION

NAME: _____ SOCIAL SECURITY NUMBER: _____
Last First Middle

PRESENT ADDRESS: _____
Street City State Zip

MAILING ADDRESS: _____
Street City State Zip

EMAIL ADDRESS: _____

PHONE: _____

Are you 18 years of age or older? Yes No

If no, can you furnish a work permit? Yes No

Other last names used while working, if any: _____

Are you a U.S. citizen? Yes No If no, specify type of entry document: _____

Also, specify type of employment authorization and expiration date: _____

Have you ever been convicted of a felony or misdemeanor? Yes No If yes, please explain: _____

Have you ever served in active U.S. Military Service more than 180 days? Yes No

Dates of service: To _____ From _____

Do you have a reliable means of transportation to enable you to get to work in a timely manner? Yes No

Do you have a driver's license? Yes No Drivers License Number _____ State _____

EMPLOYMENT DESIRED

Position Applying for _____ Part-Time _____
Hours Available _____ Number of Months _____ Full-Time _____
Temporary _____
Casual _____

Annual Salary Requirements _____

Date Available for Employment _____

If currently employed, termination notice
you must give to present employer _____

How did you become aware of this position?

Newspaper (name) _____

Walk-In _____

Friend _____

Other (please specify) _____

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DIPLOMA OR DEGREE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
POST-GRADUATE				
OTHER				

Please list special qualifications, training, licenses and skills that would assist you in performing the job applied for: _____

Briefly describe why you are interested in this position: _____

EMPLOYMENT HISTORY (Begin with most recent. This section **MUST** be completed even if you attach a resume.)

Employed From _____ Company Name: _____ Type of Business: _____

Month	Year
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Address: _____
 No. and Street City State Zip

Starting Position: _____ Salary: \$ _____

Final Position: _____ Salary: \$ _____

Name of Supervisor: _____

List main duties performed: _____

Reason for leaving: _____

If presently employed, may we contact? Yes No

If yes, phone no. (including area code): _____

Employed From _____ Company Name: _____ Type of Business: _____

Month	Year
-------	------

Address: _____
 No. and Street City State Zip

Starting Position: _____ Salary: \$ _____

Final Position: _____ Salary: \$ _____

Name of Supervisor: _____

List main duties performed: _____

Reason for leaving: _____

If presently employed, may we contact? Yes No

If yes, phone no. (including area code): _____

Employed From

--	--

Month Year

To

--	--

Month Year

Company Name: _____ Type of Business: _____

Address: _____
No. and Street City State Zip

Starting Position: _____ Salary: \$ _____

Final Position: _____ Salary: \$ _____

Name of Supervisor: _____

List main duties performed: _____

Reason for leaving: _____

If presently employed, may we contact? Yes No

If yes, phone no. (including area code): _____

Employed From

--	--

Month Year

To

--	--

Month Year

Company Name: _____ Type of Business: _____

Address: _____
No. and Street City State Zip

Starting Position: _____ Salary: \$ _____

Final Position: _____ Salary: \$ _____

Name of Supervisor: _____

List main duties performed: _____

Reason for leaving: _____

If presently employed, may we contact? Yes No

If yes, phone no. (including area code): _____

Have you ever been suspended or discharged from employment? Yes No

If yes, please explain: _____

REFERENCES: Give the names of three persons, not related to you, whom you have known at least one year.

<u>NAME</u>	<u>ADDRESS/TELEPHONE NUMBER</u>	<u>PROFESSION</u>	<u>YRS. KNOWN</u>
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1. _____

2. _____

3. _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE NUMBER</u>
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I hereby represent that all information now or hereafter given by me in support of my application for employment is true and complete. I hereby authorize investigation of all statements contained in this application and full disclosure of my present and prior employment record, education and credit history. I grant permission to the Ogemaw County Emergency Dispatch Authority to obtain employment, education and credit history information concerning my general reputation, character, conduct and work quality, and authorize any person or organization contacted to furnish information and opinions concerning any and all such matters whether same is a matter of record or not, including a personal evaluation of my honesty, reliability, carefulness and ability to take orders from my superiors. I understand that this may include a record of disciplinary action assessed by previous employers. I hereby release the Ogemaw County Emergency Dispatch Authority and any person or organization from any and all liability which may result in furnishing such information or opinion, and from any other liability whatsoever as a result of such inquiries and disclosures. I hereby release Ogemaw County Emergency Dispatch Authority, and any person, organization or prior employer from obligation to provide me with written notification of such disclosure. I understand that employment is contingent upon this investigation and, if hired, any misrepresentation, omission or falsification of facts called for on this application shall be considered sufficient cause for my dismissal without notice at any time during my employment. I understand and agree that if, in the opinion of the Ogemaw County Emergency Dispatch Authority, the results of the investigation are unsatisfactory, that an offer of employment that has been made may be withdrawn or my employment with the Ogemaw County Emergency Dispatch Authority may be terminated.

I further understand that the Ogemaw County Emergency Dispatch Authority may require a medical examination by an Authority-designated physician (1) after I have received an offer of employment and prior to my commencement of employment duties; and,(2) during the course of my employment as required by business necessity and for job-related purposes. I hereby consent to such examinations and recognize that employment is contingent upon receipt of a satisfactory medical evaluation. I further understand and agree that prior to commencing employment or after I am employed, I may be requested to submit to tests to determine the presence of alcohol, narcotics or illegal drugs, and agree to the release of any such test results to appropriate Authority personnel. and agree that if I refuse and/or fail such tests before commencing employment, my offer of employment will be revoked, or if I refuse and/or fail such tests after being employed, my employment will be terminated.

I agree that this application is not an offer of employment. I agree that if I am employed by the Ogemaw County Emergency Dispatch Authority (1) that my contract of employment is under the terms of the collective bargain unit and it's terms; (2) I certify that all statements contained herein are true and complete whether made by me or others at my request. (3) that in partial consideration for my employment, I shall not commence any action or other legal proceeding relating to my employment or the termination thereof more than six months after the event complained of and agree to waive any statute of limitations to the contrary.

I have read, understand and agree to the above statements and conditions of employment.

Type or sign your name here

Date