

9-1-1  
 Police  
 Fire / EMS

# Benzie County Central Dispatch

505 S. Michigan Ave Beulah MI 49617

Non-emergency 231-882-4484 ext "0" / Fax 231-882-5894



We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position applied for:	Date:
How did you learn about us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
	Zip Code	
Home Telephone #	Mobile Telephone #	Social Security Number
Best time to contact you at home is between ..... ____ am/pm ____ am/pm		
Have you ever filed an application with us before?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give the date and position _____		
Have you ever been employed by us before?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give the date period: _____		
Do any of your friends or relatives, other than a spouse work for		
Benzie County?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently employed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently on "lay-off" status and subject to recall?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
May we contact your current employer?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you prevented from lawfully becoming employed in the country		
because of a VISA or Immigration Status?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been arrested or convicted of a crime?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date available for work ____ / ____ / ____ . What is you desired salary range? _____		
Are you available to work: <input type="checkbox"/> Full Time (includes Shifts, Holidays, Weekends)		
<input type="checkbox"/> Part Time (various Shifts, Call-in)		
Can you travel if the job requires it?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you receive a job description? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		



## Employment Experience

Start with your present or last job. Include any job related military service assignments and volunteer activities. *You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.*

#1 - Employer:		Address:	
Telephone #:	Job Title(s):	Supervisor Name:	
Work performed:			
Start Date:	Hourly Rate/Salary Start:		
Final Date:	Hourly Rate / Salary Final:		
Reason for leaving:			

#2 - Employer:		Address:	
Telephone #:	Job Title(s):	Supervisor Name:	
Work performed:			
Start Date:	Hourly Rate/Salary Start:		
Final Date:	Hourly Rate / Salary Final:		
Reason for leaving:			

#3 - Employer:		Address:	
Telephone #:	Job Title(s):	Supervisor Name:	
Work performed:			
Start Date:	Hourly Rate/Salary Start:		
Final Date:	Hourly Rate / Salary Final:		
Reason for leaving:			

#4 -Employer:		Address:	
Telephone #:	Job Title(s):	Supervisor Name:	
Work performed:			
Start Date:	Hourly Rate/Salary Start:		
Final Date:	Hourly Rate / Salary Final:		
Reason for leaving:			

- If you need additional space, attach a separate sheet of paper.

List professional, trade, business or civic activities and offices held. *You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.*


**Other Qualifications** – Summarize specialized job related skills and qualifications acquired from employment or other experience.


**Specialized Skills**

\_\_\_ Computer Skills    \_\_\_ Spreadsheet/Excel  
\_\_\_ Typing – Words Per Minute \_\_\_\_\_

List any additional information you feel may be helpful to us in considering your application.


**Note to Applicants:** DONOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing, in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

\_\_\_ Yes    \_\_\_ No

**References**

Name:	Relationship:
Address:	
Telephone #:	Telephone #:

Name:	Relationship:
Address:	
Telephone #:	Telephone #:

Name:	Relationship:
Address:	
Telephone #:	Telephone #:

Name:	Relationship:
Address:	
Telephone #:	Telephone #:

For Department Use Only	
Position applied for is open:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:	

Received Stamp	Interview: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Interview Date:
	Date of Employment:
	Hourly Rate:
	Position:

## Authorization for the Release of Information

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Sex:  M  F Social Security Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to ANY agent of Benzie County Central Dispatch, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints filed by or against me, and salary records; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records;

I understand that any record any arrest or conviction of any crime will not be necessarily be a bar to employment. Factors such as age, time of offense, seriousness of violation, and rehabilitation will be considered.

I reiterate, and emphasize the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Benzie County Central Dispatch to consider determining my suitability for employment. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand any information obtained by a personal history investigation that is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by Benzie County Central Dispatch. I understand that all materials pertaining to this background investigation becomes the property of Benzie County Central Dispatch and will not be returned to me.

I agree to indemnify and hold harmless any person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request I further understand in the event my application is disapproved, the sources of the confidential information can not be revealed to me.

A photocopy and/or facsimile of this release will be valid and an original hereof, even though the said photocopy does not contain an original writing of my signature.

**Must be signed in the presence of a notary or the application will not be accepted:**

Applicant's Signature: \_\_\_\_\_

Subscribed and sworn before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

My commission expires \_\_\_\_\_, 20\_\_\_\_\_.

Notary \_\_\_\_\_