



**APPLICATION FOR EMPLOYMENT**  
**BENZIE COUNTY**  
 448 COURT PLACE BEULAH, MI 49617  
**AN EQUAL OPPORTUNITY EMPLOYER**

**INSTRUCTIONS:**

Please Print the requested information in the space provided below.

Date of Application: \_\_\_\_\_  
MONTH/DAY/YEAR

Date available to begin work: \_\_\_\_\_  
MONTH/DAY/YEAR

**PERSONAL INFORMATION**

First Name	Middle	Last
Street Address		Contact Number (    )
City, State, Zip		E-mail Address
Are you legally eligible for employment in the U.S.?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you 18 years or older?
If related to anyone employed by the Benzie County, state their name (s) and relation to you.		
Have you ever been convicted of a crime?	<input type="checkbox"/> YES (explain)	<input type="checkbox"/> NO
(a criminal conviction record will not necessarily prohibit you from being employed in certain positions within the County.)		
If YES, please list date, place and nature of offense. _____		
Are there any felony charges presently pending against you?	<input type="checkbox"/> YES (explain)	<input type="checkbox"/> NO

NOTE: Benzie County conforms to the Immigration Reform and Control Act of 1986, which requires you to furnish documentation showing your identity and legal authorization to work in the United States once you have been offered employment.

**EMPLOYMENT DESIRED**

POSITION(S) APPLIED FOR: _____	DEPARTMENT: _____
PAY/SALARY DESIRED: _____	
Kind of work sought?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal
If part-time or seasonal, please specify days, hours or time of year sought? _____	
Have you ever worked for another governmental entity?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, reason for leaving: _____	

## EDUCATION

Applicants for certain positions may be required to provide transcripts.

EDUCATION	Name and Location of School	No. of Years Completed	Subjects Studied	Degrees Earned
High School				
College/University				
Vocational/Trade/Graduate School				

## GENERAL

Do you have any special training skills, qualification, licenses, certifications or other experiences that relate to the position(s) applied for?  
\_\_\_\_\_

A current driver's license is required for certain positions in the following departments: Sheriff's Office, Corrections, EMS, Animal Control, Maintenance and Equalization

If you are applying for a position in a listed department, do you presently have a valid Michigan driver's license:       YES       NO

Type of License:                       Operator's License                       Chauffer's License                       Commercial Drivers (CDL)

(A license check will be conducted for applicants for positions requiring a current drivers license.)

Are you certified or have you completed the Michigan Commission on Law Enforcement Standards (MCOLES) basic police training to be a certified law enforcement officer in the State of Michigan?  
 YES       NO                      If yes, MCOLES No. \_\_\_\_\_

U.S. Military Service: \_\_\_\_\_

Branch of Service      \_\_\_\_\_                      Rank or Rating      \_\_\_\_\_

From: \_\_\_\_\_                      To: \_\_\_\_\_                      Type of Discharge      \_\_\_\_\_

## PHYSICAL RECORD

In case of emergency, notify:  
\_\_\_\_\_

Name	Address	Telephone Number
------	---------	------------------

Medical Examinations. In accordance with applicable legal requirements, Benzie County may require job applicants to undergo a medical and/or psychological examination after an offer of employment has been made and prior to the commencement of employment duties, and may condition the offer of employment on the results of such examination.

**I HEREBY CERTIFY THAT I AM NOT CURRENTLY ENGAGED IN THE ILLEGAL USE OF DRUGS.** I understand that as a condition of employment, I may be required to take a pre-employment drug test for the illegal use of drugs which may include the collection of urine samples from my person. I agree that the results of this test may be submitted to Benzie County or its authorized representative, and I expressly release the collection agency and the testing laboratory from any and all liability for performing the requested test, and for communicating the results to the County. I understand that if the results of any pre-employment drug test are positive, it will cause rejection of my application or, if I am hired, that my employment with the County may be immediately terminated.

Applicant's Signature      \_\_\_\_\_

## EMPLOYMENT INFORMATION

Have you ever been discharged or requested to resign any job?

YES       NO

If YES, please explain circumstances \_\_\_\_\_

\_\_\_\_\_

Are you presently employed?

YES       NO

## FORMER EMPLOYERS

Please give an accurate, complete, full-time and part-time employment record. Start with present, or most recent employer. (List additional employers on a separate sheet, if necessary.) Please print all information

1	Company Name	Telephone	(    )
	Address	Employed (List Month and Year)	
	List your job title, and responsibilities	From	To
	Supervisor Name	Starting Wage	Ending Wage

2	Company Name	Telephone	(    )
	Address	Employed (List Month and Year)	
	List your job title, and responsibilities	From	To
	Supervisor Name	Starting Wage	Ending Wage

3	Company Name	Telephone	(    )
	Address	Employed (List Month and Year)	
	List your job title, and responsibilities	From	To
	Supervisor Name	Starting Wage	Ending Wage

4	Company Name	Telephone	(    )
	Address	Employed (List Month and Year)	
	List your job title, and responsibilities	From	To
	Supervisor Name	Starting Wage	Ending Wage

**Note to Applicants:** DO NOT 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

Please give the names of 3 persons, not related to you, whom you have known for over a year.

NAME	TELEPHONE	BUSINESS	EMAIL ADDRESS

### SIGNATURE

(Read Carefully Before Signing)

- I certify that the answers and information given by me in this application are true, correct and complete without qualification. I understand that Benzie County has the right to refuse to hire or can immediately discharge me, at any time, if it discovers that I have provided incomplete, untrue, or misleading answers or information in this application or on any other documents or forms submitted at any time during my employment.
  
- I hereby authorize Benzie County to verify the answers and information given by me in the application and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions, and any other third party contacted by the County to release to the County any information they have regarding me without providing written notice to me.
  
- I authorize the Benzie County to use any information in its possession concerning me for any purpose it deems appropriate, including disclosure of information to any third party, future employer or prospective future employer without notification to me of such disclosure, and I release the County from any liability in connection with such use or disclosure.
  
- If I am hired by Benzie County, I understand and agree that I will be bound by the rules, regulations, policies, procedures, and other terms and conditions of employment of Benzie County, as there are from time-to-time changes, with or without notice.
  
- If I am hired by Benzie County, I understand that I have the right to terminate my employment at any time and for any reason, with or without notice. I further understand that, except as set forth in any collective bargaining agreement, Benzie County can terminate the employment relationship at any time for any lawful reason, with or without cause, with or without notice. This employment relationship exists regardless of any other written statements or policies or any verbal statements to the contrary. No one except the County Board of Commissioners can enter into any kind of employment relations or agreement which is contrary to the above must be in writing and personally signed by the Board Chair and be attested by the County Clerk.
  
- I agree not to commence any action or claim relating to my employment with Benzie County or this application for employment more than six (6) months after the date of the challenged action or this application, and to waive any statute of limitation to the contrary.

Applicant's Signature and Date \_\_\_\_\_

**NOTE:** Please ensure every line is completed. If the question does not apply, write N/A. Do not leave the space blank or refer to your resume. Fill out every section and sign above Applicants are responsible for completing the application. Failure to do so may result in it being withdrawn from the process.

