



Ogemaw County Administrative Secretary Employment Application

This entire form must be completed in full.

Personal Information				
Date	Last Name	First Name	Middle Initial	
Primary Telephone Number		Secondary Telephone Number		Email Address
Street Address			City	State Zip Code
Do you possess a valid driver's license? <input type="checkbox"/> Yes Issuing state: _____ <input type="checkbox"/> No		Driver's License Number		License subject to restrictions? <input type="checkbox"/> No <input type="checkbox"/> Yes _____
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date available to start	

Education: <i>List all schools, colleges and universities attended.</i>				
	Name and Location	Years/Months	Year Graduated/ Discharged	Course/Degree/Military Rank
High School				
Military Branch				
College / University				
College / University				
Other				

Licenses and Certifications: <i>List applicable licenses and/or certifications.</i>

Employment History: *Complete in full starting with most recent position.*

Company/Agency Name		Duties
Address		
Telephone	Email	
Position Title <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Start Date	End Date	
Supervisor		
May we contact this employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving
Company/Agency Name		Duties
Address		
Telephone	Email	
Position Title <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Start Date	End Date	
Supervisor		
May we contact this employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving

Employment History (Continued):

Company/Agency Name		Duties	
Address			
Telephone	Email		
Position Title <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			
Start Date	End Date		
Supervisor			
May we contact this employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving	

Proficiencies: *Check all that apply.* Word PowerPoint Excel Publisher**References:** *Do not include relatives.*

Name		Title / Place of Employment	
Address	Home Phone	Work Phone	
Name		Title / Place of Employment	
Address	Home Phone	Work Phone	
Name		Title / Place of Employment	
Address	Home Phone	Work Phone	

Applicant Certifications

Background Checks: I acknowledge and understand that this is an application for a position that requires a criminal history check and driving record check on my background. I authorize Ogemaw County to conduct this background investigation and release the County and its agents, representatives, employees, officers or directors from any liability in creation of these reports. These reports are to be used for employment consideration in the Ogemaw County Administrator's Office. All information obtained through these background checks is to be held in strict confidence and handled under conditions of applicable laws that govern its use.

Signature

Date

General: I certify that all statements in this application are true and complete. I understand that any false statements are grounds for not being hired or for dismissal. I hereby authorize my former employers and references to furnish whatever factual information or opinions they can concerning my work performance and personal character. I specifically release from liability any current or former employer, its agents, representatives, employees, officers or directors for giving such information to the County of Ogemaw. I also understand that I may be required to undergo a physical examination and that employment is contingent upon successful passing of this examination. I understand that, by completing this application, there is no guarantee of a job interview or a job offer. I understand that, if hired, my employment is at-will meaning that either the employer or I may terminate the employment relationship at any time with or without cause. This provision supersedes any oral or written representations to the contrary, if any.

Signature

Date

The Americans with Disabilities Act (ADA) and Michigan law require employers to make reasonable accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Disabled employees and applicants may request an accommodation of their disability by notifying the Ogemaw County Administrator, in writing, of the need for accommodation within 182 days of the date the disabled person knows or should know that an accommodation is needed. Failure to notify the County Administrator will preclude any claim that the employer failed to accommodate the disabled person. Ogemaw County is an equal opportunity employer.

Position open until filled.

Application, cover letter and resume also accepted by mail or email:

Ogemaw County Administrator
806 W. Houghton Avenue, Suite 107
West Branch, MI 48661
Email dolehantyt@ocmi.us