

Please mail application to:

**Attention: Employment Dept.**

**Ogemaw County Central Dispatch**

**205 S. Eighth St.**

**West Branch, MI 48661**

# OGEMAW COUNTY CENTRAL DISPATCH

## APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5.

DATE \_\_\_\_\_

Name \_\_\_\_\_  

Last
First
Middle
Maiden

Present address \_\_\_\_\_  

Number
Street
City
State
Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Position applied for \_\_\_\_\_

Days/hours available to work

No Pref \_\_\_\_\_ Thur \_\_\_\_\_

Mon \_\_\_\_\_ Fri \_\_\_\_\_

Tue \_\_\_\_\_ Sat \_\_\_\_\_

Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired    ☐ FULL-TIME ONLY    ☐ PART-TIME ONLY    ☐ FULL- OR PART-TIME

When available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

☐ No

☐ Yes

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. \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? ☐ Yes ☐ No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_ ☐ Operator ☐ Commercial (CDL) ☐ Chauffeur  
Expiration date \_\_\_\_\_

Have you had any accidents during the past three years? How many? \_\_\_\_\_

Have you had any moving violations during the past three years? How Many? \_\_\_\_\_

Typing skills? Yes WPM \_\_\_\_\_ No

Other \_\_\_\_\_  
Skills \_\_\_\_\_

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.

## APPLICATION FOR EMPLOYMENT

MILITARY

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 for the past five years beginning with your most recent job held.  
If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start 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.			

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May we contact your present employer? ☐ Yes ☐ No

Did you complete this application yourself ☐ Yes ☐ No

If not, who did? \_\_\_\_\_

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PLEASE READ CAREFULLY

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APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Ogemaw County Central Dispatch,

I agree that:

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the County permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the County from any liability as a result of such contract.

I also understand that (1) the County has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the County may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the County will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the County shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the County is terminable at will for any reason by either party.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

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This County is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this County depends solely on your qualifications.