

# OGEMAW COUNTY SHERIFF'S OFFICE

## APPLICATION FOR EMPLOYMENT

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We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

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Position(s) applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

How did you learn about us:     Advertisement                       Friend                       Walk-in  
    Employment Agency                       Relative                       Other \_\_\_\_\_

### PERSONAL

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Last Name	First Name	Middle Name	Date of Birth
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Address	City	State	Zip
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Home Phone	Cell Phone	Email Address
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Are you a U.S. Citizen?  Yes  No

Have you ever been convicted of a felony?  Yes  No

Have you ever filed an application with this agency before?  Yes  No

Have you ever been employed by this agency in the past?  Yes  No

Are you currently employed?  Yes  No

Are you an active or reserve member of the U.S. Military?  Yes  No

Type of Employment Desired:                       Full Time                       Part Time                       Seasonal

### GENERAL

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Special Skills

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Activities/Hobbies

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Degrees/Certifications

**EDUCATION**

Name of School	Years Completed	Did you Graduate?
Grammar:		
High School:		
College:		
Trade, Business or Correspondence School:		

**WORK HISTORY** (List your last three (3) employers)

Name of Employer	Salary	Position Held	Reason for leaving
From _____ To _____			
From _____ To _____			
From _____ To _____			

**REFERENCES:** Give name, address, and telephone number of three individuals who are not related to you and are not previous employers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I certify that all answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date