

Are you capable of performing with or without reasonable accommodation (special assistance, equipment or other help), the essential functions involved in the job or occupation for which you have applied? Yes No
(See attached job description)

EDUCATION

	High School	Vocational/ Technical	College	Graduate
School Name, City/State				
Did you graduate? (If not, number of credit hours completed)	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Degree/Certificate				
Major/Minor				

Describe any specialized training, apprenticeships, internships, skills, licenses, certificates, and extra-curricular activities that pertain to the position(s) for which you are applying.

List professional, trade, business group, civic clubs, memberships and offices held, extracurriculars and volunteer work excluding groups the name and character of which indicate race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected class:

REFERENCES (optional)

(Do not include personal friends, relatives or former employers):

Name	Address	Telephone

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States of America or in a State National Guard? Yes No

If Yes, what branch? _____ Rank at discharge _____

Date of discharge _____ Were you honorably discharged? Yes No

NOTE: A dishonorable discharge from the military will not necessarily be a bar to employment.

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EMPLOYMENT HISTORY

List each job held. Start with your present or last job first.

Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving *	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hours Per Week _____		
Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hours Per Week _____		
Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hours Per Week _____		

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AGREEMENT AND UNDERSTANDING

1. I certify that the information in this application is true, complete and correct to the best of my knowledge and understand that falsification, misleading, misrepresentation or omission of any information submitted in connection with my application or interview, whether in this document or not, may result in rejection of my application or, if hired, in dismissal.

Signature _____ Date _____

2. I waive written notice from my current employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel records (even if more than four years old). This waiver is made pursuant to the Bullard-Plawecki Employee Right-to Know Act.

Signature _____ Date _____

3. I authorize the references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and any pertinent information they may have (even if more than four years old) and release all parties from any liability for any damages that may result from furnishing same to you.

Signature _____ Date _____

4. I authorize the County of Lapeer to release any information (even if more than four years old) relating in any way to my employment including disciplinary reports, letters of reprimand or other notices of disciplinary action when such information is requested by any prospective or subsequent employers without any obligation (by them or you) to give me any notice of such disclosure.

Signature _____ Date _____

5. I understand that any employment offer is conditional upon the results of the drug screening test and the post offer pre-employment medical examination.

Signature _____ Date _____

6. I have read the attached job description. If employed, I understand that if I am or become handicapped in need of accommodations for employment, I must notify the _____ in writing within 182 days after the need is known or reasonably should have been known to me. The requirement is applicable under the Michigan Handicappers Act and this does not preclude any rights an applicant may have pursuant to the Americans with Disabilities Act of 1990, as amended. Failure to properly notify the County will preclude any claim that the employer failed to accommodate.

Signature _____ Date _____

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APPLICANTS FOR UNION POSITIONS READ AND SIGN PARAGRAPH 7(B). DO NOT SIGN PARAGRAPH 7(A).
APPLICANTS FOR NON-UNION POSITIONS READ AND SIGN PARAGRAPH 7(A). DO NOT SIGN PARAGRAPH 7(B).

FOR NON-UNION

7(A). In consideration of my employment, I agree to conform to the rules and regulations of the County of _____ Lapeer, as they may be amended or changed from time to time, and I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either the County or myself. I understand that no officer or representative of the County has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the _____ of the County and any such agreement must be made in writing, directed to me personally. I further acknowledge that no one has made any representations or statements to the contrary to the County's employment at-will policy or about the County's economic outlook or stability to me, either oral or in writing, and I acknowledge and understand that no one has the authority to make such representations or statements to the contrary in the future. I further acknowledge that if I accept an offer of employment with the Company, I have not relied on any oral or written representations relating to the terms and conditions of my employment or otherwise in accepting or continuing my employment with the Company.

Signature _____

Date _____

FOR THE UNION

7(B). In consideration of my employment, I agree to the rules and regulations of the County of Lapeer. I further acknowledge I will be on probationary status for a period determined by the Union contract and/or County personnel rules and regulations. As a probationary employee, I understand my employment and compensation can be terminated at any time with or without cause and with or without notice at the option of either the County or myself. I understand that no officer or representative of the County has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the _____ of the County and any such agreement must be made in a signed writing directed to me personally.

I further understand that after my probationary period ends, I will be subject to the terms and conditions of the collective bargaining agreement between County of Lapeer and the pertinent union. I acknowledge that no one has made any representations or statements contrary to the County's probationary at-will policy to me or about the County's economic outlook or stability either orally or in writing, and I acknowledge that no one has the authority to make such representations or statements to the contrary in the future. I further acknowledge that if I accept an offer of employment with the Company, I have not relied on any oral or written representations relating to the terms and conditions of my employment or otherwise in accepting or continuing my employment with the Company.

Signature _____

Date _____

8. I agree that any lawsuit against the County arising out of my employment or termination of employment, including but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within one year of the event giving rise to the claims or be forever barred. I waive any limitations period to the contrary.

Signature _____

Date _____

I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF EACH OF THE ABOVE EIGHT (8) INDIVIDUAL STATEMENTS, AS INDICATED ABOVE.

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SIGNATURE _____

DATE _____

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COUNTY OF LAPEER
PROTECTED APPLICANT DATA

Completion of this form is VOLUNTARY. It will not become a part of your application on file and will not affect your candidacy for employment with the County of Lapeer. This information you provide on race, sex, and ADA accommodation request will be used for statistical reporting purposes pursuant to EEOP - Department of Justice/Civil Rights Compliance

POSITION APPLIED FOR: _____

LAST NAME: _____ FIRST NAME: _____ M.I.: _____

PLEASE CHECK ONE:

- I WILL PROVIDE THE INFORMATION REQUESTED BELOW
- I PREFER NOT TO PROVIDE THE INFORMATION REQUESTED BELOW

WHERE DID YOU LEARN ABOUT THIS JOB? _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: () _____ SOCIAL SECURITY NUMBER: _____

SEX: FEMALE _____ MALE: _____

ETHNIC GROUP:	WHITE (non-hispanic)	_____
	BLACK (non-hispanic)	_____
	HISPANIC	_____
	ASIAN OR PACIFIC ISLANDER	_____
	AMERICAN INDIAN	_____
	ALASKAN NATIVE	_____
	ARABIC	_____
OTHER	_____	

ADA ACCOMMODATION: I request ADA accommodation _____

SIGNATURE: _____ DATE: _____