THE COUNTY OF OTTAWA

EMPLOYMENT APPLICATION

Human Resources Department

12220 Fillmore Street, West Olive, MI 49460
Telephone (616) 738-4800 · Fax (616) 738-4082
Job Hotline (616) 846-8376
Web Site www.miottawa.org

GENERAL INFORMATION

Complete all sections of this application. An incomplete application may result in your application not receiving further consideration. This application for employment will only be considered for the open position(s) listed, and will expire after the recruitment period is completed or the position is filled.

Please Print

Date: _____

Position Applying for: _____

Position Applying for: _____

Position Applying for: _____

Name in Full: _____

Address: _____
Street City State Zip

Telephone: _____ Alternate Telephone: _____

E-Mail Address: _____

Are you a current Ottawa County Employee? Yes ___ No ___

Do you have relatives working for Ottawa County? Yes ___ No ___ What Department? _____

Have you ever been employed by Ottawa County? Yes ___ No ___ if yes where? _____

Have you ever been discharged/fired from employment? Yes ___ No ___ if yes, please explain:

_____

Have you ever resigned/quit after being informed that your employer intended to discharge/fire you?

Yes ___ No ___ if yes please explain: _____

_____

Do you have a valid Michigan Drivers License: Yes ___ No ___

Have you ever been convicted of a crime? _____ If YES, give offense, date, county, state and sentence for each conviction: _____

_____

Do you have any felony charges pending? _____ If Yes, please explain: _____

_____

MILITARY EXPERIENCE

Are you a veteran? From:_____ To_____

Highest Rank _____ Branch _____

Are you a current member of Armed Military Reserves? Yes _____ No _____

EDUCATIONAL INFORMATION

Proof of Education and/or Professional Registration(s), License(s), and Certification(s) will be required prior to hire/promotion.

Education

Name of High School, College, Trade, or Technical Schools	City, State & Country	Did You Graduate?	Course of Study/Degree Received/Certifications	GPA
High School:		**Yes** **No** **GED**		
College, Trade, or Tech:		**Yes** **No**		
College, Trade, or Tech:		**Yes** **No**		
College, Trade, or Tech:		**Yes** **No**		

Special Training: (Please state fully any training you have had)

_____

_____

_____

Language Proficiency (Other than English):

Please Circle level in which you feel is your highest level in that language

_____ _____ _____

PRIOR WORK HISTORY

*(Please **do not** use "see resume"*
an incomplete application may result in your application
not receiving further consideration)

Most Recent
Employer _____ Dates of Employment: From _____ to _____
Month,Year Month,Year

Address _____
Street City State Country Zip Phone

Position Held: _____ Reason for Leaving: _____

Supervisor: _____ May we contact this person? Yes ____ No ____

Description of Duties: _____

_____

_____

Salary or Earnings
Starting: _____ Hr.
Ending: _____ Wk.
Yr.

Employer _____ Dates of Employment: From _____ to _____
Month,Year Month,Year

Address _____
Street City State Country Zip Phone

Position Held: _____ Reason for Leaving: _____

Supervisor: _____ May we contact this person? Yes ____ No ____

Description of Duties: _____

_____

_____

Salary or Earnings
Starting: _____ Hr.
Ending: _____ Wk.
Yr.

Employer _____ Dates of Employment: From _____ to _____
Month,Year Month,Year

Address _____
Street City State Country Zip Phone

Position Held: _____ Reason for Leaving: _____

Supervisor: _____ May we contact this person? Yes ____ No ____

Description of Duties: _____

_____

_____

Salary or Earnings
Starting: _____ Hr.
Ending: _____ Wk.
Yr.

PROFESSIONAL REFERENCES

Please list three current/former employers, supervisors, etc. who are familiar with your past work and skills.

_____
Name/Title Company Address/City/Zip Phone Number

_____
Name/Title Company Address/City/Zip Phone Number

_____
Name/Title Company Address/City/Zip Phone Number

PLEASE READ THE FOLLOWING AND SIGN BELOW:

Pursuant to 42 USC 12101 et. seq. and MCL 37.1101 et. seq., an individual having a protected disability under either Act needing accommodations for employment is required to notify the employer in writing, within 182 days after the need is known.

In consideration of my employment, I agree to conform to the rules and regulations of Ottawa County and that my employment 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 my employment with Ottawa County is not to be construed as any form of guarantee of continued employment, working conditions, rights or benefits. I realize that the County's policies, procedures and rules can be changed at any time and that any changes will be effective immediately upon notice to employee.

I understand that no manager, department head or representative of the County of Ottawa other than the County Administrator has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing. Any such agreement is effective only if in writing.

I affirm that all information in this application is true and complete. Any misrepresentation, false statement, or omission of facts called for in this application, in any subsequent interview, or any other part of the employment process shall be grounds for refusal of employment or if hired, dismissal from employment.

I authorize my employer and former employers, schools, or persons named to give any information regarding my employment, together with any information they may have regarding me, whether or not it is in their records. I hereby release said employers, schools, or persons from all liability for any damage for issuing this information.

I authorize Ottawa County to conduct a criminal background check with the F.B.I., State Police, County Sheriff department and/or a consumer reporting agency for the purpose of determining my suitability for employment with Ottawa County.

I have listed all crimes for which I have been convicted, including the date of such conviction, as well as any pending felony charges. I acknowledge that any omission or falsification of this form shall be grounds for discharge if I am employed, or grounds for Ottawa County to refuse to further consider my application for employment.

I authorize the County of Ottawa to copy this document and agree that such copies with my signature shall have the same legal force and effect as the original document with my signature.

Signature: _____ Date: _____

Print Previous Name(s), if different _____

Driver's License Number, State & Country_____

or I.D. Number and State _____

Social Security Number _____

How did you learn about this position? (Please check all the apply)

- ☐ From County Employee
- ☐ County Job Announcement
- ☐ Ottawa County Website
- ☐ Training Agency (Name): _____
- ☐ Community Agency (Name): _____
- ☐ Newspaper: If so which newspaper? _____
- ☐ Other Source (please be specific): _____

Ottawa County requests that you supply, on a voluntary basis, the information sought below. **Completion of this form is strictly VOLUNTARY. The information is for record keeping purposes only and will in no way effect any employment decision. This confidential questionnaire will be kept separately from your Application for Employment.**

VOLUNTARY INFORMATION

Your voluntary completion of this form will assist the County in compiling required information for Equal Employment Opportunity (EEO). Please complete and return with your employment application.

This information will not be used to evaluate your application.

Position applying for: _____

Sex: Male _____ Female _____

Ethnicity: _____American Indian or Alaska Native

_____Asian

_____Black or African-American

_____Hispanic or Latino

_____Native Hawaiian or Other Pacific Islander

_____White

Handicapped: Yes_____

No _____

Veteran: Yes _____

No _____

U.S. Citizen: Yes_____

No _____

Date of Birth: _____