

HURON COUNTY
APPLICATION FOR EMPLOYMENT

PERSONAL

Name _____
(Last) (First) (Middle)

Address _____ Telephone Number _____
(Number) (Street) (City) (ZIP)

Social Security No. _____ Are you 18 years or older? ____ Yes ____ No

Are you a U.S. citizen? ____ Yes ____ No

Are you authorized to work in the United States? ____ Yes ____ No

Have you been previously employed here? ____ Yes ____ No If yes, date(s) _____

Position(s) applied for _____ Full time ____ Part time ____

Salary desired _____ Available start date _____

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for? _____

Have you been convicted of a felony? ____ Yes ____ No

If so, where, when and nature of offense _____

Do you have a valid driver's license ____ Yes ____ No

Provide any additional information that you feel may be helpful to us in considering your application. _____

Name, address, and telephone number of the person to be notified in the event of accident or emergency _____

MILITARY SERVICE

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

If yes, what branch? _____ Rank at discharge _____ Date of Discharge _____

Are you in the reserves? ____ Yes ____ No If yes, date obligation ends _____

Special/technical training _____

EMPLOYMENT EXPERIENCE (List all past employers - most recent first. Use a separate sheet if you need more room.)

1. _____ Date
(Employer) From _____ To _____

(Supervisor)

(Address) Hourly Rate/Salary
Starting _____ Final _____

(Job Title and Work Performed)

(Supervisor)

(Reason for Leaving)

2. _____ Date
(Employer) From _____ To _____

(Supervisor)

(Address) Hourly Rate/Salary
Starting _____ Final _____

(Job Title and Work Performed)

(Supervisor)

(Reason for Leaving)

3. _____ Date
 (Employer) From _____ To _____

 (Supervisor)

 (Address) Hourly Rate/Salary

Starting _____ Final _____

 (Job Title and Work Performed)

 (Supervisor)

 (Reason for Leaving)

<u>EDUCATION</u>	Name/Location	Years Completed	Diploma Degree	Courses of Study
Elementary	_____	_____	_____	_____

High School	_____	_____	_____	_____

College	_____	_____	_____	_____

Graduate	_____	_____	_____	_____

Vocational/ Training	_____	_____	_____	_____

REFERENCES (Do not include relatives)

	Name	Address	Telephone Number	Years Acquainted	How Acquainted
1.	_____				
2.	_____				
3.	_____				

AUTHORIZATION AND ACKNOWLEDGMENT

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, the presence of a medical condition or handicap, height, weight or any other protected status.

We will make reasonable accommodations to qualified disabled applicants and employees where the accommodation does not impose an undue hardship. Such individuals must notify the employer in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. Failure to properly notify the employer may preclude any claim that the employer failed to accommodate the disabled individual.

Upon the signing of this application, you represent that all of the information now or hereafter given by you in support of your application is true and complete. You authorize us to verify any of the information provided to us. You agree that any false information in support of your application for employment may subject you to discharge at any time.

You agree that either party may terminate the employment relationship, with or without cause, at any time and you further agree that this arrangement may only be altered in writing, directed to you personally and signed by an authorized agent of the Employer. You agree that you shall be bound by the other rules, policies, and terms and conditions of employment of the Employer as they are from time to time changed.

You agree that any action or suit against the Employer arising out of your employment or termination of employment must be brought within 180 days of the event giving rise to the claims or be forever barred. You waive any limitation periods to the contrary. You further agree that your employment is conditional until such time as the results of any required post-offer physical are known.

Signature

Date

Addendum to Application For Employment

I authorize the County of Huron to investigate all statements contained in this application, including records of any former employers, police departments, and other references or sources concerning me. I authorize all such references and sources (and the company) to release this information without liability for damage resulting from such release. I waive any written notice of the release of such records that may be required by state or federal law.

Signature

Date