

# LIVINGSTON COUNTY

Livingston County Human Resources, 304 E. Grand River Ave., Suite 205, Howell, MI 48843

Office (517) 546-1010 Fax (517) 546-6657

[www.co.livingston.mi.us](http://www.co.livingston.mi.us)

## EMPLOYMENT APPLICATION

(Please Print in Ink)

Livingston County does not discriminate in its employment or any other programs or activities on the basis of sex, race, color, creed, height, weight, marital status, national origin, religion, arrest record, disability or any other lawfully protected class.

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Position Applied For \_\_\_\_\_

Date of Application \_\_\_\_\_

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How did you learn of this opening? \_\_\_\_\_

Advertisement

Friend

Walk-In

Other

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Name \_\_\_\_\_

(Last)

(First)

(Middle)

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Address \_\_\_\_\_

(Street)

(City/ Town)

(State)

(Zip Code)

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Telephone \_\_\_\_\_

(Home)

(Cell)

E-mail \_\_\_\_\_

Please list the names of any relatives who are elected officials, appointees or employees of the County:

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Have you ever been employed by the County before and, if so, when? \_\_\_\_\_

Can you provide proof of eligibility for employment in the United States?  Yes  No

*(Proof of citizenship or immigration status will be required upon employment)*

Are you available to work \_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ Shift Work \_\_\_ Temporary

Are you able to perform the essential functions of the job for which you are applying?  Yes  No

We will provide reasonable accommodations to qualified individuals with a disability upon request.

**MILITARY SERVICE:** Are you a veteran of the Armed Forces of the United States?  Yes  No

If yes, please give dates of duty: From: \_\_\_\_\_ To: \_\_\_\_\_

Did you receive a dishonorable discharge?  Yes  No

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If operation of a vehicle is part of the position you are applying for, complete the following:

Driver's License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Issued by the State of \_\_\_\_\_ Is your license currently valid?  Yes  No

Do you have a Commercial Driver's License?  Yes  No If yes, list CDL type \_\_\_\_\_

Have you ever been ticketed for any traffic offenses (excluding parking tickets)?  Yes  No

Have you ever been convicted of a felony ?  Yes  No

If yes, please explain

Do you have any felony charges pending against you?  Yes  No

Have you ever been convicted of a crime with or without arrest?  Yes  No

(for example: larceny, accessory to a crime, etc.)

*Note: Depending upon the position for which you are applying, conviction of a felony, moving traffic violations and/or a dishonorable discharge may or may not be an automatic bar to employment. All circumstances will be considered.*

## EDUCATION

TYPE OF SCHOOL	SCHOOL NAME & LOCATION	DEGREE / CERTIF. RECEIVED	DATES (TO-FROM) OF ATTENDANCE	MAJOR	APPLICABLE COURSES	# CREDIT HOURS COMPLETED
Have you received a High School Diploma / GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No						
College/University (undergraduate)						
College/University (graduate)						
Other (specify)						

If you are still in school, please indicate here your anticipated date of graduation: \_\_\_\_\_

Name on your transcript, if different from name shown on application: \_\_\_\_\_

Do you possess a professional license, certificate or registration?  Yes  No If yes, complete the following:

Title / Type \_\_\_\_\_ Number \_\_\_\_\_

Issued By: \_\_\_\_\_ Date Received: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever had a state license or certification revoked and/or suspended?  Yes  No If so, please explain :

## SPECIALIZED SKILLS (Check Skills / Equipment Operated)

Access  PowerPoint  Other Word Processing Software, include software brand(s): \_\_\_\_\_

Excel  Word  WordPerfect  Quattro Pro  Desktop Publishing  GroupWise

Heavy/Light Equipment and Motor Vehicles or Other Equipment Operated (Please List)

## ADDITIONAL INFORMATION

Summarize special job-related skills and qualifications acquired from employment or other experience.

**EMPLOYMENT HISTORY:** List present position / most recent place of employment first (include full-time, part-time and volunteer). List every promotion as a new job. Additional pages available if needed.

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Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_

Your Job Title \_\_\_\_\_ Your Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name you were employed under if different from name shown on application \_\_\_\_\_

Work From: \_\_\_\_\_ To: \_\_\_\_\_  
month day year month day year

No. Hours Per Week \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

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Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_

Your Job Title \_\_\_\_\_ Your Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name you were employed under if different from name shown on application \_\_\_\_\_

Work From: \_\_\_\_\_ To: \_\_\_\_\_  
month day year month day year

No. Hours Per Week \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

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Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_

Your Job Title \_\_\_\_\_ Your Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name you were employed under if different from name shown on application \_\_\_\_\_

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Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_

Your Job Title \_\_\_\_\_ Your Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name you were employed under if different from name shown on application \_\_\_\_\_

Work From: \_\_\_\_\_ To: \_\_\_\_\_  
month day year month day year

No. Hours Per Week \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Have you ever been dismissed from or asked to resign from any position?  Yes  No

If yes, please explain:

Is any additional information necessary to check your work record?  Yes  No If yes, please explain:

**REFERENCES:**

Please provide the name and telephone number of three references who are not related to you and indicate association.

1			
	Name	Phone Number	Your association with this person
2.			
	Name	Phone Number	Your association with this person
3.			
	Name	Phone Number	Your association with this person

**APPLICANT UNDERSTANDINGS AND AGREEMENTS** - I have read and understand the following:

I certify that the answers given on this application are true and complete to the best of my knowledge and I understand that false or misleading statements or omissions on this application may be considered sufficient cause for cancellation of my application or for dismissal if hired, whenever they may be discovered.

I authorize my former and/or current employer(s) and other persons who may have information regarding my qualifications to give the County representative(s) any and all information concerning my previous or current employment and any pertinent information that they may have, personal or otherwise, and I release all parties from all liability for any damages, causes of action, including, but not limited to, slander and libel, that may result from furnishing any such information to the County representative(s). Pursuant to the Bullard-Plawecki employee Right-to-Know Act, 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 file (even if more than four (4) years old). I authorize investigation of all statements contained in this Application of Employment as may be necessary in arriving at an employment decision.

I understand that this employment application does not represent an offer or promise of employment and the use of this application form does not indicate that there are any positions open and does not, in any way, obligate the County.

I understand that if hired, any employment is at will. This means that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of the County. I understand that no manager or representative of the Employer has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand and agree that I am required to abide by all the rules and regulations of the County. I further understand that the County will require me to undergo a physical examination and/or drug and alcohol test. I agree to take such an examination and/or test and understand that my employment may be conditioned on the results of such an examination and/or test.

I understand that any applicant for employment or employee needing accommodation either to participate in the hiring process or to perform the essential functions of his or her job because of handicap or disability must notify the County in writing of the need for accommodation within 182 days after the date the disabled or handicapped individual knew or reasonably should have been known that an accommodation was needed.

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

**FOR EMPLOYER USE ONLY** - Record department and date that application was sent:

\_\_\_\_\_  
\_\_\_\_\_