



# Marquette County Employment Application Form

**PLEASE PRINT ALL INFORMATION REQUESTED  
EXCEPT SIGNATURE**

*APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS*

For Office Use Only	
Keyboarding	
Clerical	
Computer	

<b>PLEASE COMPLETE PAGES 1-4</b>		<b>Date</b> _____	
<b>Name</b> _____			
Last		First	Middle
<b>Present Address</b> _____			
Number		Street	City State Zip
<b>How long at this address?</b> _____		<b>Email:</b> _____	
<b>Res. Phone No.</b> ( ) _____		<b>Cell. Phone No.</b> _____	
If under 18, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Driver's License No.</b> _____	
Position applied for (1) _____		Days/hours available to work:	
		No Pref _____ Thur _____	
		Mon _____ Fri _____	
		Tue _____ Sat _____	
		Wed _____ Sun _____	
salary desired (be specific) (2) _____			
Have you filed an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, give date _____	
Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, give date _____	
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME <input type="checkbox"/> TEMPORARY			
When are you available for work? _____		Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you working now? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you on a lay-off and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## EDUCATION:

Type of School	Name of School	Location (Complete mailing address)	Years Completed	Major & Degree
High School				
College				
Business or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE, (Misdemeanor or Felony)? ☐ Yes ☐ No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

NOTE: A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation, and rehabilitation will be considered.

**SKILLS:**

Word Processing ☐ Yes ☐ No WPM: \_\_\_\_\_ 10 Key ☐ Yes ☐ No  
Personal Computer ☐ Yes ☐ No Other Skills: \_\_\_\_\_  
☐ PC ☐ Mac

**REFERENCES:**

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Telephone _____	Telephone _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

HAVE YOU EVER BEEN IN THE ARMED FORCES? ☐ Yes ☐ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ☐ Yes ☐ No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**WORK EXPERIENCE** Please list your work experience beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer _____	Name of last supervisor	Employment dates	Pay or salary
Address _____			
City, State, Zip _____		From	Start
Phone number _____		To	Final
		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer _____	Name of last supervisor	Employment dates	Pay or salary
Address _____			
City, State, Zip _____		From	Start
Phone number _____		To	Final
		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer _____	Name of last supervisor	Employment dates	Pay or salary
Address _____			
City, State, Zip _____		From	Start
Phone number _____		To	Final
		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

## AUTHORIZATION AND CERTIFICATION

Please carefully read the following statements and initial each one where indicated. If you have a question regarding any of the statements, please ask prior to initialing and signing the application. Your initials and signature verify that you have read, understand, and agree to abide by the statements below.

\_\_\_\_\_ I hereby certify that all statements made on or in connection with my application are true, complete and correct to the  
initial best of my knowledge and belief, and I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

\_\_\_\_\_ I authorize the County of Marquette to contact any of the persons or organizations referenced in my application materials.  
initial I also authorize any person contacted to provide to the County of Marquette any and all information regarding my employment, education, or any other information concerning any of the subjects covered by the application. I agree to execute employment records release authorization forms as may be required by the County of Marquette requesting employment records from my present and/or former employers(s).

\_\_\_\_\_ I understand that I may be required to successfully pass a drug test to gain employment or continue employment with the  
initial County of Marquette. I consent freely and voluntarily to participate in required drug test(s), at a location selected by the County of Marquette. I also consent to the release of the test(s) results to the County of Marquette. I hereby release and hold harmless the County of Marquette, its officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, except for their negligence, arising from the drug test(s) and decisions concerning employment based upon the results of this test(s). In addition, I understand that the County of Marquette maintains a drug-free and a smoke-free workplace.

\_\_\_\_\_ I understand that if certain positions have particular security requirements or if the County of Marquette determines there  
initial is a Bona Fide Occupational Qualification inherent in the position which requires certain information, a police background check seeking that information may be conducted prior to making a decision regarding employment. I authorize the County of Marquette, its officers, agents, and employees to conduct such a check if I am applying for one of these positions, and I release and hold harmless the County of Marquette, its officers, agents, and employees from any liability, except for its negligence, related to the performance or result of this check.

\_\_\_\_\_ If accepted for employment under a bargaining agreement, I agree that my status as an employee, depends upon  
initial successful performance during a probationary period and that I am an "at-will" employee during this probationary period.

\_\_\_\_\_ If accepted for employment not covered under a bargaining agreement, I understand that I will always be an "at-will"  
initial employee.

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**Applicant's Signature**

**Date**

Thank you for your interest in employment with the County of Marquette

**AN EQUAL OPPORTUNITY EMPLOYER**

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

# Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Date \_\_\_\_\_

Position(s) Applied For

Referral Source:      ☐ Advertisement      ☐ Friend      ☐ Relative      ☐ Walk-In  
                          ☐ Employment Agency      ☐ Other

Name		Phone (    )
<u>LAST</u>	<u>FIRST</u>	<u>Area Code</u>
	<u>MIDDLE</u>	

Address				
NUMBER	STREET	CITY	STATE	ZIP CODE

## Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

Date of Birth:

Sex: ☐ Male ☐ Female

Race/Ethnic Group      ☐ White      ☐ Black      ☐ Hispanic

☐ American Indian/Alaskan Native      ☐ Asian/Pacific Islander

Check if any of the following are applicable:

☐ Vietnam Era Veteran      ☐ Disabled Veteran      ☐ Handicapped Individual