



Grand Traverse County Application for Employment

Address: 851 Woodmere Avenue, Traverse City, MI 49686
 Fax: (231) 995-5010
 Website: <http://www.co.grand-traverse.mi.us/766/Sheriffs-Office>
 Email: info@gtsheriff.org (Indicate Reserve Deputy Application in Subject)

Grand Traverse County is an Equal Opportunity Employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital status, veteran status, height, weight, or qualified disability.

Michigan law requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer. A person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is known. Failure to properly notify the County will preclude any claim that the employer failed to accommodate the handicapper.

PLEASE PRINT IN INK

PERSONAL

<u>Last 4 (four)</u> Digits of Social Security #	Last Name	First Name	Middle Initial
Mailing Address		City State	Zip Code
Home Phone Number	Cell/Other Phone Number	Work Phone Number	
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POSITION OBJECTIVE

REQ Number(s) (If Applicable) & Position(s) Applying For:	Would you accept?		
<u>Sheriff Reserve Deputy</u>	Full Time___ Part Time___ Shift Work___ Temporary___		
Have you been previously employed by the County of Grand Traverse? Yes___ No___	If yes, give department(s) and dates, and name used if different than current: _____		
Have you previously applied for employment here? Yes___ No___	If yes, provide date(s), position(s) if known, and name used if different. _____ _____		
If you have any relatives or friends who are employees of Grand Traverse County, provide names and relationship to you:			
Name Relati	onship	Name	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
Are you authorized to work in the United States? Yes___ No___	Are you at least 18 years old? Yes___ No___ (You will be required to obtain a Work Permit)		

EMPLOYMENT HISTORY (Start with most recent / Explain gaps / **Fill out completely** - Resumes are optional)

Dates Employed	Employer Name / Address (at minimum provide City/State)	Telephone Number
From _____ To _____	_____ ()	
Did you work: Full Time _____ # Hours _____	Part Time _____ # Hours _____	Temporary _____ # Hours _____
Salary: Starting \$		Ending \$
Position(s) Held/Title	Duties	
_____	_____	
_____	_____	
_____	_____	
Reason for seeking new employment	Are you currently employed? Yes _____ No _____	
Supervisor(s) or other management reference(s) / Phone Number	May we contact this employer? Yes _____ No _____	
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	()	

Dates Employed	Employer Name / Address	Telephone Number
From _____ To _____	_____ ()	
Did you work: Full Time _____ # Hours _____	Part Time _____ # Hours _____	Temporary _____ # Hours _____
Salary: Starting \$		Ending \$
Position(s) Held/Title	Duties	
_____	_____	
_____	_____	
_____	_____	
Reason for seeking new employment	May we contact this employer? Yes _____ No _____ If not, please explain:	
Supervisor(s) or other management reference(s) / Phone Number		
	()	
	()	

Dates Employed	Employer Name / Address	Telephone Number
From _____ To _____	_____ ()	
Did you work: Full Time _____ # Hours _____	Part Time _____ # Hours _____	Temporary _____ # Hours _____
Salary: Starting \$		Ending \$
Position Held/Title	Duties	
_____	_____	
_____	_____	
_____	_____	
Reason for seeking new employment	May we contact this employer? Yes _____ No _____ If not, please explain:	
Supervisor(s) or other management reference(s) / Phone Number		
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To list additional employment history, feel free to print this page if accessing via Internet, or request an additional page from the Human Resources office.

EDUCATION

Type of School	Name of School and Address	Major Course of Study	# Years or Credit Hours	Did you graduate?	Degree Received
High School/G.E.D.					
College or University					
College or University					
Other Schooling or Specialized Training (include Military)					

SKILLS

Do you possess a license, certificate or other authorization to practice a trade or profession? If not described above, please explain:

Issuing Agency	Occupation or Type of Certification	Issuing State	License/Certification # Date Issued/Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any **Additional Skills** that may be relevant to your employment here; for example, your keyboarding speed (approximate), any computer software programs, or number of years of Supervisory experience. Or print 'See Resume' in the following space if outlined on a Resume that is being submitted.

Are you currently bound by any agreement with a former employer that would prevent you from working here or from performing certain tasks? If yes, please explain.

Yes _____ No _____

DRIVING/CRIMINAL BACKGROUND

Do you have a current valid Driver's License?	Yes	No
Have you ever had any traffic offenses/moving violations for which you were found guilty?	Yes	No
Have you ever been convicted of a misdemeanor or felony?	Yes	No
Do you have any pending felony charges?	Yes	No

If you have answered yes to any of the questions above regarding prior/pending offenses, fill in the necessary data in the boxes below. (A conviction record will not necessarily bar employment. Factors such as age and date at time of offense, seriousness and nature of violation, and rehabilitation will be taken into account.) Attach additional documentation, if necessary.

Date (Approx.)	Offense	City/State	Disposition (Paid fine, etc.)

STATEMENT

I understand that each applicant appointed to a position with Grand Traverse County must meet the requirements of the position including the successful completion of oral, written, physical and/or medical examination, confidential investigation, including being fingerprinted and to the submission of such fingerprints to any law enforcement agency, or submission of any documents that may be deemed necessary by the County. I authorize the County to verify any of the information concerning my employment, education, criminal or driving history with the appropriate individuals, companies, institutions, or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize the County to disclose information from my personnel file as requested by prospective employers without providing me any written notice. I affirm that all the information contained in this Application is true and complete and that any misrepresentation, falsification, or willful omission herein will cause forfeiture on my part of all rights of employment with Grand Traverse County and may subject me to discharge at any time during the period of my employment. I understand that if I am being considered for a position that requires a periodic examination or current license, registration, or certification, failure to successfully be certified for continued performance may result in termination of employment.

I understand that if I am hired, the County may change the wages, benefits, hours and any other condition of employment from time to time. Employment with the County is for no definite time period and can be terminated by me or the County at any time, with or without cause, and with or without notice. I also understand that the rules and regulations of the County are subject to change and that the County's previous customs and work practices are also subject to change. Finally, I understand that no one other than the County Administrator or Board of Commissioners has any authority to enter into an agreement for employment for a specified period of time or to make any agreement which is contrary to this statement. Any such agreement with the County must be in writing or it shall not be binding.

I agree that any action or suit against the County arising out of my employment or termination of employment, including but not limited to, claims arising out of my Application for employment, employment, or termination under state or federal civil rights statutes, must be brought within one year of the event giving rise to the claims, or be forever barred. I waive any limitation periods to the contrary.

Applications which are not signed shall not be considered for employment.

Signature of Applicant

Date

Printed Name of Applicant

E-Mail Address: _____