

LAKE COUNTY
800 10TH STREET
BALDWIN, MI 49304-7971

APPLICATION FOR EMPLOYMENT

It is our policy to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap, or veteran status.

Date _____

Name: Last _____ First _____ Middle _____

Street Address _____

City _____ State _____ Zip _____

Telephone () _____

Position applied for _____

How did you hear of this opening? _____

Have you ever filed an application with us before Yes Give Date _____
 No

Have you ever been employed with us before Yes Give Date _____
 No

Are you currently employed? Yes

No

On what date would you be available for work? _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire

Are you looking for full time employment? Yes No

If no, what hours are you are you available to work? _____

Are you willing to work shift work? Yes No

Are you willing to work temporary? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please fully describe the circumstances:

Have you ever had a State license or State certification revoked and/or suspended?
If yes, explain _____

Education:	School Name and Location	Major	Degree
High School	_____		
Undergraduate College	_____		
Graduate Professional	_____		
Other (Specify)	_____		

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

In addition to your work history, are there are other skills, qualifications, or experience we should consider:

Employment History: (Start with most recent employer.)

Company name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? [] Yes [] No

Responsibilities _____

Reason for leaving

Company name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? [] Yes [] No

Responsibilities _____

Reason for leaving

Company name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? [] Yes [] No

Responsibilities _____

Reason for leaving

Attach additional information if necessary.

Read Carefully before signing.

I understand that employment at Lake County is "at will," which means that either I or Lake County can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no manager or representative of Lake County 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 certify and attest with my signature below that I have given Lake County true and complete information on this application. No requested information has been concealed. I authorize my previous or current employers to give you any and all information concerning my previous or current employment, and any pertinent information that they may have in relation to that employment. I release all parties from liability for any damages and/or causes of action for information released in good faith. If any information I have provided is untrue, or I have concealed material information, I understand that this will result in denial of employment or may result in immediate dismissal.

Signature _____ Date _____