

**INGHAM COUNTY HUMAN RESOURCES**  
 5303 S. CEDAR ST., SUITE 2102, 2ND FLOOR, LANSING, MI. 48911-3895  
 MAIN: (517) 887-4328 TDD: (517) 887-4349 HOTLINE: (517) 887-4329 FAX: (517) 887-4396  
 INTERNET: [WWW.INGHAM.ORG](http://WWW.INGHAM.ORG)

**THIS ENTIRE FORM MUST BE COMPLETED IN FULL - PEN OR TYPEWRITTEN**

<b>Date:</b>	<b>Last Name:</b>	<b>First Name:</b>	<b>M:</b>	<b>Social Security Number:</b>
<b>Telephone Number:</b>		<b>Other Telephone Number:</b>		<b>E- Mail Address:</b>
<b>ADDRESS:</b>				
<b>CITY:</b>		<b>STATE:</b>	<b>ZIP:</b>	<b>COUNTY:</b>
<b>POSITION DESIRED</b>			<b>POSITION DESIRED</b>	
<b>DO YOU POSSESS A VALID MICHIGAN DRIVER'S LICENSE? YES/ NO</b>		<b>DRIVER'S LICENSE #:</b>		<b>OUT OF STATE LICENSE #:</b>
<b>HOW MANY POINTS ARE PRESENTLY ON YOUR LICENSE?</b>		<b>DO YOU HAVE A CERTIFIED DRIVER'S LICENSE (CDL)? YES / NO</b>		<b>CLASS A</b> <input type="checkbox"/> <b>CLASS B</b> <input type="checkbox"/> <b>CLASS C</b> <input type="checkbox"/>

**ARE YOU AT LEAST 18 YEARS OF AGE?** YES  NO

**EDUCATION:** (LIST ALL SCHOOLS, COLLEGES AND UNIVERSITIES ATTENDED)

	NAME / LOCATION	YRS / MTHS	YR. GRAD.	COURSE / DEGREE
<b>HIGH SCHOOL</b>				
<b>COLLEGE / UNIVERSITY</b>				
<b>GRADUATE SCHOOL</b>				
<b>MILITARY SCHOOL</b>				

**I POSSESS THE FOLLOWING FIRST AID CERTIFICATES:** ( Circle all that apply!) **GIVE EXPIRATION DATES!**

LIFE GUARD TRAINING	WATERFRONT LIFE GUARD	WORK PLACE AND SAFETY TRAINING	ADULT CPR	COMMUNITY CPR	CPR-PROFESSIONAL RESCUER / BLS
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**SKILLS / ASSETS:**

Describe your general clerical skills: (examples: filing, switchboard, phone work, reception):

Describe any special Administrative Assistant / Secretarial skills (shorthand, speed writing, Dictaphone, etc):

Describe word processing experiences (list versions of software):

Describe any accounting / spreadsheet software experiences (list versions of software):

Describe your knowledge and use of medical terminology in previous positions:

Describe your knowledge and use of legal terminology in previous positions:

List any other relevant skills or assets:

Date Available to Start?	Month   Day   Yr /   /
If applying for Seasonal Position and Attending College, Last Day Able to Work	Month   Day   Yr /   /
<b>DO YOU HAVE RELATIVES EMPLOYED BY THE COUNTY?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>

<b>HAVE YOU EVER BEEN FIRED?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
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WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHY? (Be Specific) \_\_\_\_\_

<b>HAVE YOU EVER BEEN CONVICTED OF ANY CRIME?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
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WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT? \_\_\_\_\_

<b>ARE THERE ANY CHARGES PENDING AGAINST YOU?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
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WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT? \_\_\_\_\_

**EMPLOYMENT HISTORY: (COMPLETE IN FULL STARTING WITH MOST RECENT EMPLOYMENT HISTORY.  
(DO NOT WRITE THE WORDS, "SEE RESUME" IN DUTIES SECTION!)**

COMPANY NAME:	DUTIES: ( this section must be completed in full )
ADDRESS:	
TELEPHONE:	
DATE STARTED:                      DATE LEFT:	
JOB TITLE:                                      F.T. <input type="checkbox"/> P.T. <input type="checkbox"/>	
ENDING SALARY:	
SUPERVISOR'S NAME:	
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE?	REASON FOR LEAVING?
COMPANY NAME:	DUTIES: ( this section must be completed in full )
ADDRESS:	
TELEPHONE:	
DATE STARTED:                      DATE LEFT:	
JOB TITLE:                                      F.T. <input type="checkbox"/> P.T. <input type="checkbox"/>	
ENDING SALARY:	
SUPERVISOR'S NAME:	
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE?	REASON FOR LEAVING?
COMPANY NAME:	DUTIES: ( this section must be completed in full )
ADDRESS:	
TELEPHONE:	
DATE STARTED:                      DATE LEFT:	
JOB TITLE:                                      F.T. <input type="checkbox"/> P.T. <input type="checkbox"/>	
ENDING SALARY:	
SUPERVISOR'S NAME:	
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE?	REASON FOR LEAVING?

**REFERENCES: (DO NOT INCLUDE RELATIVES)**

<b>NAME</b>	<b>ADDRESS</b>	<b>TITLE / PLACE OF EMPLOYMENT</b>
<b>HOME PHONE:</b>		<b>WORK PHONE:</b>
<b>NAME</b>	<b>ADDRESS</b>	<b>TITLE / PLACE OF EMPLOYMENT</b>
<b>HOME PHONE:</b>		<b>WORK PHONE:</b>
<b>NAME</b>	<b>ADDRESS</b>	<b>TITLE / PLACE OF EMPLOYMENT</b>
<b>HOME PHONE:</b>		<b>WORK PHONE:</b>

**ALL CRIMINAL JUSTICE, COURT, CORRECTIONS & LAW ENFORCEMENT APPLICANTS: (INCLUDING FAMILY DIVISION OF CIRCUIT COURT, FRIEND OF THE COURT AND YOUTH DETENTION CENTER)**

I ACKNOWLEDGE AND UNDERSTAND THAT AS AN APPLICANT FOR A CRIMINAL JUSTICE, COURT, SHERIFF'S OFFICE LAW ENFORCEMENT OR CORRECTIONS POSITION, OR OTHER POSITIONS THAT AS THE REQUIREMENTS STATE THAT THE SHERIFF'S OFFICE WILL RUN CRIMINAL HISTORY RECORD CHECKS AND DRIVING RECORD CHECKS ON MY BACKGROUND, I AUTHORIZE THE SHERIFF'S OFFICE TO CONDUCT THIS BACKGROUND INVESTIGATION AND RELEASE THEM FROM ANY LIABILITY IN RUNNING THESE REPORTS. THESE REPORTS ARE TO BE USED FOR EMPLOYMENT CONSIDERATION IN INGHAM COUNTY'S CRIMINAL JUSTICE AGENCIES, COURTS, SHERIFF'S OFFICE OR OTHER OFFICES WHERE SECURITY IS A REQUIREMENT OF THE POSITION. ALL INFORMATION OBTAINED UNDER THESE BACKGROUND CHECKS IS TO BE HELD IN STRICT CONFIDENCE AND HANDLED UNDER THE CONDITIONS OF THE LAW GOVERNING ITS APPROPRIATE USE.

SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

**ALL APPLICANTS:**

I CERTIFY THAT ALL OF THE STATEMENTS ON THIS APPLICATION ARE TRUE AND COMPLETE. **I UNDERSTAND THAT ANY FALSE STATEMENTS ARE GROUNDS FOR NOT BEING HIRED OR FOR DISMISSAL.** I HEREBY AUTHORIZE MY FORMER EMPLOYERS AND REFERENCES TO FURNISH YOU WHATEVER FACTUAL INFORMATION OR OPINIONS THEY CAN CONCERNING MY WORK PERFORMANCE AND PERSONAL CHARACTER. **I SPECIFICALLY RELEASE FROM LIABILITY ANY CURRENT OR FORMER EMPLOYER, ITS AGENTS, REPRESENTATIVES, EMPLOYEES, OFFICERS OR DIRECTORS, FOR GIVING SUCH INFORMATION TO THE COUNTY OF INGHAM.** I ALSO UNDERSTAND THAT I MAY BE REQUIRED TO UNDERGO A PHYSICAL EXAMINATION AND THAT EMPLOYMENT IS CONTINGENT UPON SUCCESSFUL PASSING OF THIS EXAMINATION. I UNDERSTAND THAT BY COMPLETING THIS APPLICATION THERE IS NO GUARANTEE OF A JOB INTERVIEW OR A JOB OFFER. **I UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT IS AT-WILL, MEANING THAT EITHER THE EMPLOYER OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME WITH OR WITHOUT CAUSE.** THIS PROVISION SUPERSEDES ANY ORAL OR WRITTEN REPRESENTATIONS TO THE CONTRARY, IF ANY. **(EMPLOYMENT AT-WILL DOES NOT APPLY TO NON-PROBATIONARY EMPLOYEES WHO ARE COVERED BY A COLLECTIVE BARGAINING AGREEMENT).**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT YOUR FULL NAME: \_\_\_\_\_

THE AMERICANS WITH DISABILITIES ACT (ADA) AND MICHIGAN LAW REQUIRE EMPLOYERS TO MAKE REASONABLE ACCOMMODATIONS TO DISABLED APPLICANTS AND EMPLOYEES WHERE THE ACCOMMODATION DOES NOT IMPOSE AN UNDUE HARDSHIP ON THE EMPLOYER. DISABLED EMPLOYEES AND APPLICANTS MAY REQUEST AN ACCOMMODATION OF THEIR DISABILITY BY NOTIFYING THE INGHAM COUNTY HUMAN RESOURCES DEPT., IN WRITING, OF THE NEED FOR ACCOMMODATION WITHIN 182 DAYS OF THE DATE THE DISABLED PERSON KNOWS OR SHOULD KNOW THAT AN ACCOMMODATION IS NEEDED. FAILURE TO PROPERLY NOTIFY THE INGHAM COUNTY HUMAN RESOURCES DEPT. WILL PRECLUDE ANY CLAIM THAT THE EMPLOYER FAILED TO ACCOMMODATE THE DISABLED PERSON.