



COUNTY OF MONROE  
 EMPLOYMENT APPLICATION  
 125 East Second Street  
 Monroe, Michigan 48161  
 (734) 240-7295 FAX (734) 240-7266

DATE

NAME:			TODAY'S DATE:		
Last	First	M.I.			
CURRENT ADDRESS:					
Street		City	State	Zip Code	
E-MAIL ADDRESS					
HOME PHONE:		WORK PHONE:		Social Security Number	

***Application Instructions:***

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE."
2. Complete entire form.
3. If more space is needed to complete any question, use comments section.
4. Print clearly; incomplete or illegible applications will not be processed.
5. Do not fill out any other attached forms unless instructed.

***APPLICANT NOTE:***

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the applicant process or, if discovered after employment, terminating employment. All qualified applicants will receive considerations without discriminations because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job - related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on county policy and the needs of the job, you will be required to complete a medical history form and be required to be examined by a medical professional designated by the county.

***AVAILABILITY***

For which position are you applying? \_\_\_\_\_

On what date can you start? \_\_\_\_\_ What category do you prefer?  Full Time  Part Time  Temporary

For which schedules are you available?  Weekdays  Weekends  Evenings  Nights  Overtime  Shift  Other

POSITION

NAME

**EDUCATION**

Please enter the highest grade completed. \_\_\_\_\_

NAME	CITY/STATE	DATES	GRADUATED	DEGREE TYPE

**SECURITY**

List states and countries of residence for the past seven years \_\_\_\_\_

Yes  No Have you used any names or Social Security Numbers other than those on this page? If so, please explain in comment section below.

Yes  No Have you been convicted of a felony and/or served time in the past seven years? If so, please describe below. (In accordance with county policy this information will be reviewed for job relatedness and time since last conviction.)

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

**JOB-RELATED SKILLS**

**NOTE:** Do not fill out any part of this section you believe to be non-job related.

List any languages in which you are fluent \_\_\_\_\_

Yes  No If the job requires, do you have the appropriate valid driver's license?

DL# \_\_\_\_\_ Type \_\_\_\_\_ State of Issue \_\_\_\_\_

Yes  No Have you had any moving violations? Please Describe \_\_\_\_\_

Please list any other skills, licenses or certificates that may be job related or that you feel would be of value to this job or county. \_\_\_\_\_

Yes  No Have you been given a job description or had the requirements of the job explained to you?

Yes  No Do you understand these requirements?

Yes  No Can you perform the requirements of this job with or without reasonable accommodations?

**SPECIAL SKILLS AND ABILITIES:**

Do you type?  Yes  No Words per minute \_\_\_\_\_ Can you take shorthand?  Yes  No Words per minute.

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT REFERENCES

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical.

<b>MOST RECENT EMPLOYER</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer?	<input type="text"/> <b>PHONE NUMBER</b>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact them?		
_____ COMPANY NAME			_____ CITY	_____ STATE
FROM _____ DATES EMPLOYED	TO _____	_____ JOB TITLE	_____ SUPERVISOR'S NAME	
_____ DUTIES				
_____ SALARY	PER _____ (HOUR, WEEK, MONTH)	_____ REASON FOR LEAVING		

<b>SECOND MOST RECENT EMPLOYER</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer?	<input type="text"/> <b>PHONE NUMBER</b>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact them?		
_____ COMPANY NAME			_____ CITY	_____ STATE
FROM _____ DATES EMPLOYED	TO _____	_____ JOB TITLE	_____ SUPERVISOR'S NAME	
_____ DUTIES				
_____ SALARY	PER _____ (HOUR, WEEK, MONTH)	_____ REASON FOR LEAVING		

<b>THIRD MOST RECENT EMPLOYER</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer?	<input type="text"/> <b>PHONE NUMBER</b>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact them?		
_____ COMPANY NAME			_____ CITY	_____ STATE
FROM _____ DATES EMPLOYED	TO _____	_____ JOB TITLE	_____ SUPERVISOR'S NAME	
_____ DUTIES				
_____ SALARY	PER _____ (HOUR, WEEK, MONTH)	_____ REASON FOR LEAVING		

**REFERENCES**

Included only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		

**CERTIFICATIONS AND RELEASE**

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the county, and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information provided, however that this release does not prohibit the filing of a charge with the Equal Employment Opportunity Commission based on the release of such information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

