

Applicant:

Thank you for your interest in employment with the County of Macomb.

You must have a completed and signed application on file with the Human Resources Department in order to be considered for employment. You may submit a resume to enhance your application if desired. Upon submission of your application, you must provide proof of your highest level of education completed, such as a Diploma, GED, or Degree, in addition to any professional license and/or certification earned. Your application will not be accepted or considered active without this documentation. Once your application is active, it will remain on file for one (1) year. **NOTE: Applications returned via e-mail will not be accepted.**

Even though your application is on file for one (1) year, it is **your responsibility** to contact the Human Resources Department **each time** you are interested in an individual, open posting. You may indicate your interest in any of the following ways: A) leave a message on the 24-hour job hotline at (586) 469-5284; B) send an e-mail to human.resources@macombcountymi.gov; C) send a fax to (586) 469-6974 or D) in person. You may visit our website at www.macombcountymi.gov/humanresources to learn about current job openings and recently filled positions. Macomb County job postings are generally posted for 10 working days.

In addition, when applying for a clerical position, please be sure you have a current passing score on the general clerical test by the closing date of the posted position. It is your responsibility to make sure you have met the testing requirements when applying for a clerical position. Test results remain current for one (1) year from the test date. To make an appointment for the general clerical test, call the Human Resources Department at (586) 469-5280.

If you have any questions, feel free to call the Human Resources Department at (586) 469-5280.

County of Macomb
APPLICATION FOR EMPLOYMENT
Equal Opportunity Employer

Human Resources Department

10 North Main Street, 4th Floor
 Mount Clemens, MI 48043
 Phone (586) 469-5280
 Fax (586) 469-6974

PLEASE TYPE OR NEATLY PRINT ALL RESPONSES IN BLUE OR BLACK INK ON THIS APPLICATION

Last Name	First	Middle Initial	Social Security Number	Position(s) Applied For: 1.
Present Street Address (include mailing address if different)			E-mail Address	2.
City	State	Zip	Home Telephone Number ()	Alternate Phone Number ()

TO ALL APPLICANTS:

Macomb County does not discriminate on the basis of disability in the admission, treatment, employment or access in its programs or activities. An individual needing assistance or auxiliary aids in completing this application or any testing may list the aids needed or discuss them with the Human Resources Department. Resumes may be submitted, but not substituted for this Application for Employment.

EDUCATION: UPON SUBMISSION OF APPLICATION, YOU MUST PROVIDE PROOF OF YOUR HIGHEST LEVEL OF EDUCATION COMPLETED, SUCH AS DIPLOMA, GED, OR DEGREE IN ADDITION TO ANY PROFESSIONAL LICENSE AND/OR CERTIFICATION EARNED.

NAME OF HIGH SCHOOL, COLLEGE, TRADE OR TECHNICAL SCHOOL	CITY, STATE	INDICATE MAJOR AND MINOR COURSE EMPHASIS	DID YOU GRADUATE (yes or no)?	INDICATE DIPLOMA, GED, DEGREE, LICENSE AND/OR CERTIFICATION RECEIVED

<p>Have you ever been an employee of the County of Macomb or are you currently employed by the County?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, indicate the name(s) under which you have been employed with the County.</p> <p>Name(s) _____</p>	<p>What kind of work schedule are you available for at this time:</p> <p style="text-align: center;"><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> On-call</p> <hr/> <p>Would you be available to work holidays and/or weekends if required by your position?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No (explain)</p>
	<p>What is your shift preference, if applicable?</p> <p style="text-align: center;"><input type="checkbox"/> Day <input type="checkbox"/> Afternoon <input type="checkbox"/> Midnight</p>

Are you currently authorized to work in the United States (U.S. Citizen or Permanent Resident Alien authorized for employment) ?

Yes No

For employment with Macomb County you must be able to verify legal authorization to work.

If the job for which you are applying requires driving a vehicle (SEE JOB POSTING), do you possess a valid Driver's License?

Yes No

Are you at least 18 years of age?

Yes No

If under 18 years of age, you must submit a work permit on the start of the first day of employment with Macomb County.

Have you ever been convicted of a felony? If yes, list each, giving date, nature of offense or violation, name and location of court, the penalty imposed, if any, or the disposition of the case. A conviction will **NOT** automatically bar you from employment.

Yes No

MILITARY SERVICE:

Have you ever served on active duty in the Armed Services of the United States?

Yes No

Are you now or have you ever been a member of any reserve or National Guard Organization?

Yes No

REFERENCES: In the space provided below list the names of three persons living in the United States who are not related to you, preferably persons with whom you have worked, who have knowledge of your qualifications for the position or field for which you are applying. Do not repeat the names of past or present supervisors named in this application.

Full Name	Complete Business or Home Address	Type of Business or Occupation	Telephone Number
			()
			()
			()

In the space provided below, list other pertinent training or skills you have received (in High School, College, U.S. Armed Forces, Workshops or other special courses) such as typing, computer and/or software proficiency, etc.

WORK EXPERIENCE In the space provided below give a record of all employment. Start with your most recent job and work backwards.
***** Please indicate the name you used if it is different than that given on this application. *****

1

Dates of Employment Month/Year	Title/Position	Starting Pay	Ending Pay	Number of Hours/Week	Describe Duties & Responsibilities:
		\$	\$		
*Previous Name Used	Employer Name & Full Mailing Address:				
	Immediate Supervisor Name	Title	Telephone Number ()		Reason for Leaving:

2

Dates of Employment Month/Year	Title/Position	Starting Pay	Ending Pay	Number of Hours/Week	Describe Duties & Responsibilities:
		\$	\$		
*Previous Name Used	Employer Name & Full Mailing Address:				
	Immediate Supervisor Name	Title	Telephone Number ()		Reason for Leaving:

3

Dates of Employment Month/Year	Title/Position	Starting Pay	Ending Pay	Number of Hours/Week	Describe Duties & Responsibilities:
		\$	\$		
*Previous Name Used	Employer Name & Full Mailing Address:				
	Immediate Supervisor Name	Title	Telephone Number ()		Reason for Leaving:

4

Dates of Employment Month/Year	Title/Position	Starting Pay	Ending Pay	Number of Hours/Week	Describe Duties & Responsibilities:
		\$	\$		
*Previous Name Used	Employer Name & Full Mailing Address:				
	Immediate Supervisor Name	Title	Telephone Number ()		Reason for Leaving:

**APPLICANT'S STATEMENT
CERTIFICATION ♦ AUTHORIZATION**

- I certify that the answers and information given by me in this application are true, correct and complete without qualification. I understand that the County has the right to refuse to hire or subject me to discipline at any time, if it discovers that the information and/or answers that I have provided in this application for employment, including any resume that I may have submitted, are not true, correct and/or complete.
- I hereby authorize the County to verify the answers and information given by me in this application and supporting documentation, and to make any lawful investigation of my employment background it deems necessary. I authorize former employers (except where authorization has not been expressly given), law enforcement organizations, credit bureaus, educational institutions, and references contacted by the County to release any information they have regarding me and the County has no obligation to provide written notice to me. I acknowledge that a facsimile or copy of this Authorization shall be as valid as the original.
- I authorize the County to use the information in its possession concerning me for any lawful purpose it deems appropriate, including disclosure of lawful information to future employers or prospective future employers, without notification to me of such disclosure, and I release the County from any liability in connection with such lawful use or disclosure.
- If I am hired by the County, I understand and agree that I will be bound by the rules, regulations, policies, procedures, and other terms and conditions of employment of the County as they are from time-to-time changed, with or without notice to me. I also understand that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as an employment contract.
- I understand that only the Appointing Authority has any capacity to enter into any agreement for employment for any specified time.
- I agree not to commence any action or claim relating to my employment with the County, or this application for employment, more than one year after termination of such employment or the date of this application, and to waive any statute of limitations to the contrary.
- I understand that Michigan and/or federal law requires employers to make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. I further understand that disabled employees and applicants may request an accommodation of their disability by notifying the Employer in writing of the need for accommodation.
- This application for employment shall be considered active for a period of time not to exceed one (1) year from the date this application is signed. At the conclusion of this time, if I have not heard from the County, but still wish to be considered for employment, it will be necessary for me to complete a new application for employment.
- I understand that an offer of employment is contingent upon my completion of a pre-employment physical, tuberculosis test and drug and alcohol testing if applicable.
- I have been informed and understand that any offer of employment to a position is contingent upon my ability to perform the essential functions, with or without reasonable accommodation, of the position which I may be offered, as determined by the County.
- If I am hired in a position requiring a Commercial Driver's License, I understand there will be random drug and alcohol testing.

Applicant's Signature _____ **Date** _____

Printed Name _____