

PUBLIC HEALTH, Delta & Menominee Counties

Delta County Office
2920 College Avenue
Escanaba, Michigan 49829

APPLICATION FOR EMPLOYMENT

Menominee County Office
909 Tenth Avenue
Menominee, Michigan 49858

It is the policy of the Delta-Menominee District Board of Health that no person will be denied appropriate employment, service, or association with Public Health, Delta & Menominee Counties on the basis of religion, race, color, national origin, age, sex, height, weight, mental or physical disability, sexual preference, familial or marital status, or political beliefs.

POSITION FOR WHICH YOU ARE APPLYING _____ DATE _____

How did you hear about the position? Newspaper _____, Web Site _____, Other _____

LEGAL NAME (Please Print) _____ If you have worked under another name, what name? _____
 Last First M.I.

ADDRESS _____ PHONE (_____) _____
 _____ email _____

Are you related to any Delta or Menominee County Employee or Board of Health Member? YES NO

NAME OF RELATIVE _____ RELATIONSHIP _____

EDUCATION

Did you graduate from high school? YES NO HIGH SCHOOL: _____
 DIPLOMA G.E.D. OR Proficiency Certificate ADDRESS: _____

COLLEGE NAME / ADDRESS	DATES ATTENDED FROM / TO	CREDITS EARNED	MAJOR / MINOR	DEGREE AWARDED	DEGREE DATE

List any professional license or certification, and date credentials issued:

EMPLOYMENT RECORD

YES NO May we contact your present employer? If "NO" Explain _____

YES NO Have you ever worked for Delta or Menominee County? DEPARTMENT _____ DATES _____

YES NO Are you presently working for Delta or Menominee County? DEPARTMENT _____ DATES _____

Beginning with your most recent job, list your entire employment record, including military service and volunteer work, in the space provided below. Do not merely note "see attached". Leave no period of time unaccounted for. Use reverse side and additional paper if necessary.

DATES (Month/Year)	EMPLOYER	YOUR TITLE AND DUTIES	SALARY & REASON FOR LEAVING
FROM	NAME	TITLE	START \$ END \$
TO	ADDRESS	DUTIES	SUPERVISOR:
# HRS / WK	CITY/STATE/ZIP		REASON FOR LEAVING
FROM	NAME	TITLE	START \$ END \$
TO	ADDRESS	DUTIES	SUPERVISOR:
# HRS / WK	CITY/STATE/ZIP		REASON FOR LEAVING
FROM	NAME	TITLE	START \$ END \$
TO	ADDRESS	DUTIES	SUPERVISOR:
# HRS / WK	CITY/STATE/ZIP		REASON FOR LEAVING

EMPLOYMENT RECORD (continued)

DATES (Month/Year)		EMPLOYER	YOUR TITLE AND DUTIES	SALARY & REASON FOR LEAVING	
FROM	NAME		TITLE	START \$	END \$
TO	ADDRESS		DUTIES	SUPERVISOR:	
# HRS / WK	CITY/STATE/ZIP			REASON FOR LEAVING	
FROM	NAME		TITLE	START \$	END \$
TO	ADDRESS		DUTIES	SUPERVISOR:	
# HRS / WK	CITY/STATE/ZIP			REASON FOR LEAVING	

INDICATE SPECIAL SKILLS THAT YOU HAVE ACQUIRED AND THE DEGREE TO WHICH YOU ARE QUALIFIED

OFFICE/CLERICAL:		FOREIGN LANGUAGE:	OTHER SPECIALIZED SKILLS:
<input type="checkbox"/> TYPING	SPEED _____ WPM	<input type="checkbox"/> READ _____	
<input type="checkbox"/> WORD PROCESSING		<input type="checkbox"/> SPEAK _____	
<input type="checkbox"/> OFFICE MACHINES _____		<input type="checkbox"/> WRITE _____	
OTHER SOFTWARE _____			

YES NO Have you ever been fired or forced to resign? (Explain if "Yes")

YES NO Have you ever been convicted of a crime, including during military service? (Explain if "Yes". Convictions, whether misdemeanor or felony, are not an automatic disqualification to employment.)

YES NO Have you received an honorable discharge from military service?

YES NO Do you possess a current and valid driver's license? Driver License # _____ State: _____

INDICATE SPECIFIC QUALIFICATIONS YOU FEEL YOU POSSESS FOR THE POSITION FOR WHICH YOU ARE APPLYING:

List Three (3) References Who Are Not Relatives

NAME	ADDRESS	OCCUPATION	PHONE NUMBER
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I authorize investigation of all statements contained in this application and hereby authorize previous employers, personal references named, or persons, to whom Public Health, Delta & Menominee Counties (PHDM), may refer to give legally reasonable information regarding my employment or scholastic standing, together with any other information, personal or otherwise, that may or may not be on their records. I further authorize the Department of State Police, Central Records Division, to conduct a criminal history file check to determine the existence of any arrest resulting in conviction and forward information to PHDM. I further authorize the Department of State to provide my motor vehicle operator license record to PHDM for the purpose of determining if I will be allowed to operate a motor vehicle while conducting PHDM business. I understand that employment may be conditional upon the successful passing of a thorough medical examination including drug testing and satisfactory fingerprint and records check, and that misrepresentation or omission of the facts called for hereon, or receipt of unsatisfactory references will be cause for dismissal from PHDM, if I am employed. In consideration of my employment, I agree to conform to the rules and regulations of PHDM and, unless covered by the Agency's Bargaining Unit Agreement, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either department or myself. _____ **Initials**

APPLICANT'S SIGNATURE

DATE OF APPLICATION

phdm:PSNL-01a:09/12