

Arenac County Central Dispatch Application for Employment

The County of Arenac is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, sexual orientation, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected category.

YOU MUST ANSWER ALL QUESTIONS COMPLETELY AND TRUTHFULLY. FAILURE TO DO SO WILL RESULT IN REJECTION OF YOUR APPLICATION. IF DISCOVERED AT A LATER DATE MAY RESULT IN DISCHARGE FROM EMPLOYMENT.

Position(s) Applied for: _____

Are you a relative by birth or marriage to any County of Arenac elected official or full-time management employee? Yes ____ No ____

If Yes: Name: _____ Relationship: _____

Are you currently working? Yes ____ No ____

If Yes, may we contact your employer? Yes ____ No ____

Will you submit to a drug – screening test? Yes ____ No ____

Have you ever been employed by the County of Arenac? Yes ____ No ____

If Yes: _____
Position Department Dates

Are you prevented from lawfully becoming employed in this country because of a Visa or Immigration Status? Yes ____ No ____

Have you ever been fired: Yes ____ No ____

If yes, give date fired, where you worked and explanation:

Have you ever been convicted of a felony? Yes ____ No ____

Have you ever been convicted of a misdemeanor? Yes ____ No ____

Are you currently involved in a criminal incident? Yes ____ No ____

If Yes to any of the above, provide dates and explanations. A conviction record will not be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation and rehabilitation will be considered.

Are you capable of performing with or without reasonable accommodations (special assistance, equipment or other help), the activities involved in the job or occupation for which you have applied?

(See Job Description for full explanation) Yes ____ No ____

EDUCATION or TRAINING

	High School/GED	Technical/Vocational	College	Graduate
School Name, City/State				
Graduation Date or Credit hours completed				
Degree/Certificate				
Major/Minor				

MILITARY SERVICE

Branch of Service	Date of Entry	Date/Type of Discharge	Are you a member of an Active or Reserve/Guard?

License or Certification

License/Certification	State	Profession	License/Cert Number	Expiration Date

Describe any specialized training, internship, skills and extra-curricular activities that pertain to the position for which you are applying.

Employment History

Employer		Telephone Number	Supervisor 's Name
Type of Business	Address		
Your Job title		Dates Employed- from-to	Hours Per Week
Duties:			
Salary:	Reason for Leaving		

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Duties:			
Salary:	Reason for Leaving		

Professional References

Provide three (3) professional references below. Do not include relatives or previous employers.

Name	Contact Information

Certification and Signature

- I certify that all statements contained herein are true and complete whether made by me or others at my request. I understand that falsification, misleading, misrepresentation or omission of any information submitted in connection with my application or interview, whether in this document or not, may result in rejection of my application, or if hired in my dismissal.
- I understand that if hired, I must prove that I am legally authorized to work in the United States.
- I authorize the Arenac County Central Dispatch to check employment references and verify my education information provided on this employment application and as disclosed in the interview process.
- I understand that my background check will include my driving record, criminal history, information regarding my character, general reputation and personal characteristics.

Signature: _____ Date: _____

Agreement and Understanding

1. I waive written notice from any employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel record, even if more than 4 years old. This waiver is made pursuant to the Bullard-Plawecki Employee Right to Know Act.

Signature: _____ Date: _____

2. I authorized references, current and former employers listed in this application to give you any and all information concerning my current and previous employment and any pertinent information they may have, even if more than 4 years old and release all parties from any liability for any damages that my result from furnishing same to you. Including details of my work, skills or actions in any transaction and to provide documentary evidence thereof to the County. Further, I release the County of liability that might result from an investigation.

3.

Signature: _____ Date: _____

4. I authorize the County of Arenac to release any information even if more than 4 years old relating in any way to my employment including disciplinary reports, letters of reprimand or other notices of disciplinary action when such information is requested by any prospective or subsequent employers without any obligation, by them or you, to give me any notice of such disclosure.

Signature: _____ Date: _____

5. I understand that any employment offer is conditional upon the result of the drug screening test, the post offer pre-employment medical examination and background investigation when applicable base on the position sought.

Signature: _____ Date: _____

6. I have read the attached job description. If employed, I understand that if I am or become handicapped in need of accommodation for employment, I must notify the County of Arenac in writing within **182 days** after the need is known or reasonably should have been known to me. Failure to properly notify the County will preclude any claim that the employer failed to accommodate.

Signature: _____

Date: _____

**Applicants for Union Positions read and sign paragraph 7(B). Do not sign paragraph 7(A).
Applicants for Non-Union Positions read and sign paragraph 7(A). Do not sign paragraph 7(B).**

7(A). In consideration of my employment, I agree to conform to the rules and regulations of the County of Arenac and Arenac County Central Dispatch, as they may be amended or changed from time to time. I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either the County or myself. I understand that no officer or representative of the County has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the Department Head of the County and any such agreement must be made in writing, directed to me personally. I further acknowledge that no one has made any representations or statements to the contrary to the County's employment at-will policy or about the county's economic outlook or stability to me either oral or in writing. I acknowledge and understand that no one has the authority to make such representations or statements to the contrary in the future.

Signature: _____

Date: _____

7(B) In consideration of employment, I agree to the rules and regulations of the County of Arenac and of Arenac County Central Dispatch. I further acknowledge I will be on probation status for a **minimum of 12 months** from my date of hire. As a probationary employee, I am required to work **182 days** without any interruptions. As a probationary employee, I understand my employment and compensation can be terminated at any time with or without cause and with or without notice at the option of either the County or myself. I understand that no officer or representative of the County has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing except the Department Head of the County and any such agreement must be made in a signed writing directed to me personally.

I further understand that after my probationary period ends, I will be subject to the terms and conditions of the collective bargaining agreement between the County of Arenac and **Governmental Employees Labor Council (GELC)**. I acknowledge that no one has made any representations or statements contrary to the County's probationary at will policy to me or about the County's economic outlook or stability either orally or in writing. I acknowledge that no one has the authority to make such representations or statement to the contrary in the future.

Signature: _____

Date: _____

8. I agree that any lawsuit against the county arising out of my employment or termination of employment, including but not limited to claims arising under the State or Federal Civil rights statutes, must be filed within six months of the event giving rise to claims or be forever barred. I waive any limitations period to the contrary.

Signature: _____

Date: _____

9. I understand that the use of this application does not indicate there are positions available, nor does it imply or create an employment contract. I understand that the only employment contracts are those specifically authorized by County Management which have been reduced to writing and have been executed by both the employee and an authorize representative of the County. Accordingly, I understand that no employment contract, either expressed or implied, for any period is created herby should the County hire me.

Signature: _____

Date: _____

I have read the Job Description and I have read and understand and agree to the terms of each of the above individual statements, as indicated above.

Signature: _____

Date: _____