



Huron County Health Department

1142 South Van Dyke
Bad Axe, Michigan 48413

www.hchd.us

Telephone: 989-269-9721

APPLICATION FOR EMPLOYMENT

As an Equal Opportunity Employer, we base employment decisions on job-related information. Huron County Health Department complies with all legal requirements pertinent to fair employment practices.

(PLEASE PRINT)

Date of Application

Last Name		First Name			Middle Initial
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number		

How did you learn about us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-In
	<input type="checkbox"/> Other _____
For what type of position are you applying?	Salary Expected \$ _____

On what date would you be available for work? _____	Type of employment desired:	<input type="checkbox"/> Volunteer
	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
	<input type="checkbox"/> Education Co-Op/Internship	
Have you filed an application here before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No Date _____
Have you ever been employed here before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No Date _____
Are you 18 years of age or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you on layoff, subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you work overtime as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you travel if the job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify an applicant from employment.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain _____		
Are you legally eligible for employment in this country? (Proof of U.S. citizenship or immigration status will be required upon employment.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EDUCATION

List ALL schools attended	Name and Address of School	No. of Years Completed	Did you Graduate?		Degree	High School Courses and/or College Major
			Yes	No		
High/Prep Schools			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
Colleges/Universities			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
Other Education			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

Do you plan to further your education?

Yes No If yes, when? _____

SKILLS AND QUALIFICATIONS

✓	Special Training or Instruction _____ _____
✓	Special Skills or Equipment _____ _____
✓	Subjects of Special Study or Research Work _____ _____
✓	Please indicate any other information you think would be helpful in considering you for employment with the Health Department (additional education, experience, activities, accomplishments, specific skills). _____ _____

U.S. MILITARY STATUS AND RECORD

If you have a pending military obligation, what are your plans for completing it?

Branch of Service	Active Duty Dates		Rank Held		Nature of Duties:
	From Mo/Yr	To Mo/Yr	Entry	Release	

What specialized training did you receive?

Do you have a reserve or National Guard obligation?

Yes No If yes, please described _____

REFERENCES

Give name, address and phone number of three references not related to you, and who are not previous supervisors.

Name and Occupation	Address	Phone Number

EMPLOYMENT HISTORY

Beginning with your present or last employer, list all full-time or part-time positions.

Company Name	Telephone () -
Address	Employed (Month and Year)
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	

Company Name	Telephone () -
Address	Employed (Month and Year)
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	

Company Name	Telephone () -
Address	Employed (Month and Year)
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	

If you have had more than three (3) previous employers, please list the others here.

Employment Dates		Company Name and Address	Position or Type of Work	Reason for Leaving
From	To			

Comments (including explanation of any gaps in employment)

May we contact the employers listed above? Yes No If no, indicate below the one(s) you do not wish us to contact:

PRE-EMPLOYMENT STATEMENT – Read Carefully Before Signing

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at any employment decision. I understand that any false answers or statements or misleading omissions made by me on this application or any document submitted along with this application in connection with the above mentioned investigation can be grounds for my rejection as a candidate for employment or immediate discharge.

I authorize all my current or previous employers, educational institutions, and other references, listed above to furnish to the Huron County Health Department any information they may have on record or otherwise concerning me, excluding information related to medical conditions or disability.

I agree and understand that any employment offer is conditional until such time as the results of my reference checks and medical examination are completed.

Under Michigan law, the Huron County Health Department complies with the Americans with Disabilities Act and applicable state and local laws providing for nondiscrimination in employment against qualified individuals with disabilities. The Health Department also provides reasonable accommodation for such individuals in accordance with these laws. Under Michigan law, handicapped employees and applicants may request an accommodation of their handicap by notifying the Huron County Health Department in writing of the need for accommodation within 182 days of the date the handicapper knows or should know that an accommodation is needed. Failure to properly notify the Huron County Health Department will preclude any claim that the employer failed to accommodate the handicapper.

This application for employment shall be considered active for a period of time not to exceed six (6) months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Huron County Health Department is of an “*at will*” nature, which means that the employee may resign at any time and the employer may discharge the employee at any time, with or without cause. It is further understood that this “*at will*” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Huron County Health Department.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all the rules and regulations of the Huron County Health Department.

Having made application for employment, I hereby authorize the Huron County Health Department, through the Michigan State Police Criminal Justice Information Center, to do a background check of my past record to ascertain any and all information which may concern my police record, character, whether such information is of record or not. I hereby release my present and past employers, references, any criminal justice agency and persons, whoever, from any liability because of furnishing said information.

Signature of Applicant

Date