



APPLICATION FOR EMPLOYMENT FOR IONIA COUNTY

PERSONAL INFORMATION

DATE OF APPLICATION: _____

Name: _____
Last First Middle

Address: _____
Street (Apt) City/State Zip

Alternate Address: _____
Street City/State Zip

Contact Information _____
Primary phone Email

Position Applied for: _____ **Available Start Date:** _____

Desired Pay Range: _____ Are you currently employed? _____

EDUCATION

	Name and Location	Graduate – Degree	Major / Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc...			
Other Education			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position.



PREVIOUS EXPERIENCE

Please list beginning from most recent

Dates Employed	Company Name	Location	Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Title

Job notes, tasks performed and reason for leaving:

Do You have U.S. Military experience: _____ If so: Date Entered _____

Branch: _____ Rank: _____ Date Discharged: _____

We consider applicants for all positions without regards to race, color, religion, creed, gender, national origin, age, disability, marital status, height, weight, or any other characteristic protected by applicable law. Michigan law requires that a person with a disability requiring accommodation to perform the essential duties of the job notify the employer in writing within 182 days of the date that the need is known or should have been known. Return applications to Finance/Human Resources Office, 101 West Main Street, 3rd Floor, Ionia, MI 48846. Please note this application will only remain active for six months, after which the applicant would need to reapply.



Have you ever been convicted of a felony? _____

If yes, please explain:

References:

Name Phone number

Name Phone number

Name Phone number

I certify that the information contained in this application is correct and understand that falsification of this information is grounds for dismissal. I authorize the references listed above and my former and/current employer(s) to give you any and all information concerning my previous or current employment and any pertinent information that they may have, personal or otherwise, and release all parties from all liability for any damages, causes of action, including, but not limited to, slander and libel, that may result from furnishing any information to you. In consideration of my employment, I agree to conform to the rules and regulations of the Employer and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, and my employment relationship is at will. I understand that no manager or representative of the Employer has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Date

Signature

WE ARE AN EQUAL OPPORTUNITY EMPLOYER