



Dear Applicant,

Thank you for applying for employment with Montcalm County Emergency Services.

All applicants are expected to complete Montcalm County's Application for Employment. We expect all pertinent fields to be completed, including past education and employment. All applications must be signed.

Information provided on the application must be accurate. Incorrect or false information on the application is considered just cause for termination of employment at any time.

When you return your completed application, you are required to provide the following:

- ✓ A copy of a valid Michigan driver's license
- ✓ A copy of a valid Michigan EMS license
- ✓ A copy of a valid BLS Provider (or equivalent) CPR card
- ✓ A copy of a current (within 12 months) negative TB test
- ✓ Verification of completion of the HBV series

Upon receipt of the completed application form and all of the above items, you may be scheduled for an interview with the supervisory staff.

Again, thank you for your interest in our organization.

Sincerely,

A handwritten signature in blue ink that reads "Eric Smith".

Eric Smith  
Emergency Services Director

**COUNTY OF MONTCALM**  
**Employment Application**  
An Equal Opportunity Employer

A person with a disability or handicap requiring accommodation for completing the application process should notify the Personnel Officer as soon as possible.

County of Montcalm is an Equal Opportunity Employer. It is the policy of the County of Montcalm to afford equal employment opportunity regardless of race, religion, color, national origin, sex, age, marital or familial status, height, weight, disability or handicap. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

Date of Application

**PERSONAL INFORMATION**

Name (first, middle, last)

Present Address (street, city, state, zip code)

Telephone or Number You Can Be Reached At

Business Telephone

E-mail Address

Position Desired

Date Available

1. Are you at least: 18 years old? Yes  No
2. Work Permit No. \_\_\_\_\_ (If under 18)
3. Have you ever been convicted of a felony within the last 7 years, which has not been annulled, expunged, or sealed by the court? (A "Yes" answer will not automatically disqualify you.) Yes  No

If yes, please explain conviction: when, where, and disposition \_\_\_\_\_

Under what name: \_\_\_\_\_

4. Have you previously been employed by the County of Montcalm? Yes  No

If yes, when: \_\_\_\_\_ where: \_\_\_\_\_

Under what name: \_\_\_\_\_

5. Have you submitted an application to the County of Montcalm before? Yes  No

If yes, when: \_\_\_\_\_ where: \_\_\_\_\_

Under what name: \_\_\_\_\_

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**Complete the following only if the position requires a driver's license:**

Driver's License Number \_\_\_\_\_

Has your driver's license ever been revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for what reason: \_\_\_\_\_

List any moving violations during the last three (3) years: \_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL HISTORY**

Circle last grade completed: 1   2   3   4   5   6   7   8   9   10   11   12

Name of High School \_\_\_\_\_

GED: \_\_\_\_\_ State: \_\_\_\_\_

Schools attended other <u>than High School</u>	Location <u>(State)</u>	Course or Major <u>studies</u>	Degree <u>_____</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**MILITARY HISTORY (Armed Forces of the United States or State Militia Only)**

Branch \_\_\_\_\_ Date entered \_\_\_\_\_ Date discharged \_\_\_\_\_

Rank at discharge \_\_\_\_\_ Reserve status \_\_\_\_\_

Special training received \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**EMPLOYMENT HISTORY**

List below, beginning with the most recent, all present and past employment. If additional space is required to list other employers, please attach a separate sheet.

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Company name	Company address	Phone number
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Position held/Job title	Dates of Employment
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Name and title of immediate supervisor
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Reason for leaving	Final salary
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Brief description of duties
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Company name	Company address	Phone number
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Position held/Job title	Dates of Employment
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Name and title of immediate supervisor
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Reason for leaving	Final salary
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Brief description of duties
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Company name	Company address	Phone number
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Position held/Job title	Dates of Employment
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Name and title of immediate supervisor
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Reason for leaving	Final salary
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Brief description of duties
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**REFERENCES:** Please provide the names of three persons not related to you, who have known you for more than one year.

<b>Name</b>	<b>Address</b>	<b>Phone</b>

I understand and agree that my employment and compensation are for no definite period and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by me or the County of Montcalm, with or without cause, and without any previous notice. I also understand and agree that the County of Montcalm has the right to unilaterally modify and/or terminate any policies, practices, procedures and standards it has adopted or implemented, to the extent not limited by law or union contract. I acknowledge that no County employee or representative, other than its Board of Commissioners, has either the power or authority to enter into any agreement for employment for any specified period of time, or to make any representations or agreements contrary to any of the foregoing, unless that agreement is in writing and signed by the Board of Commissioners. I understand that any prior representations, promises, contracts or statements made by or on behalf of the County of Montcalm are expressly superseded by the foregoing.

I understand that if I am applying for a position within the County of Montcalm Sheriff's Department, Central Dispatch, Emergency Services, or Animal Control I will be required, pre-employment and post-offer, to submit to one or all of the following; Medical Examination, Drug/Alcohol Screening, Physical Agility, Federal and State criminal background check. I also understand that if I am applying for a position requiring confidentiality, or the handling of money, and/or interacting with citizens in their homes, I will be subject to a Federal and State criminal background check. These will be done at the expense of the County of Montcalm.

The immigration Reform and Control Act of 1986 states that employers must require all persons hired to submit documents to the employer showing their identity and their right to be lawfully employed in the United States. It also requires that the employee complete and sign a government form to this effect.

If you are hired by the County of Montcalm, you will need to furnish documents for inspection that verify your identity and indicate that you are legally permitted to work in the United States. Documents that are acceptable include your driver's license, or state issued I.D., and, your Social Security card or birth certificate.

These documents must be provided within three (3) working days of employment. If the original documents are not available, you must submit proof that you have applied for the required documents.

I certify that all of the information furnished on this application are true, complete and correct. I understand and agree that any falsification, misrepresentation or omission of fact either on this application or during the pre-hire process will be reason for (1) my not being offered employment or (2) dismissal at any time from the service of the County of Montcalm if employed. I authorize the references listed above to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

# Montcalm County

## Written Disclosure and Authorization to Obtain Consumer Report

By this document, Montcalm County discloses to me that it may obtain my consumer report as part of the pre-employment background investigation and, if hired, at any time during my employment with the County. I authorize the County to obtain my consumer report as part of the pre-employment background investigation. If I am hired, this authorization will remain in my personnel file and will serve as ongoing authorization for the County to obtain consumer reports at any time during my employment.

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Applicant

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County Administrator/Controller

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Date

# **MONTCALM COUNTY**

## **Applicant Data Record**

Applicants are considered for all positions, and employees are treated during their employment without regard to their race, color, creed, religion, sex, national origin, age, marital status, or any on-the-job-related handicap or medical condition.

As an employer taking affirmative action to ensure the removal of any possible past discrimination, and to help comply with government record-keeping requirements, we would appreciate your completing this form. However, COMPLETION OF THIS FORM IS STRICTLY VOLUNTARY. This data will be physically separated from the remainder of your job application before the application is considered for possible employment. This information will be kept in a confidential file, WITHOUT YOUR NAME ON IT, SEPARATE FROM YOUR APPLICATION FOR EMPLOYMENT.

Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

How Were You Referred to Our Company?

Saw newspaper advertisement  A private employment agency

A relative or friend employed by Montcalm County

Other; explain:

PERSONAL TRAITS:

Check One:  Male  Female

Check One:  White  Black  Hispanic  Multi Racial

Asian/Pacific Islander  American Indian/Alaskan Native

Check Any That Apply:

Vietnam Era Veteran  Disabled Veteran  Handicapped Person