HEALTH DEPARTMENT of Northwest Michigan

220 West Garfield
Charlevoix, MI 49720
231-547-6523
Fax 231-547-6238

APPLICATION FOR EMPLOYMENT

Health Department of Northwest Michigan is an equal opportunity employer. It does not discriminate on the basis of race, color, national origin, creed, age, religion, sex, height, weight, marital status, or disabling condition in employment. No person shall be denied employment solely because of any disability which is unrelated to the individual's ability to do the essential functions and duties of the job with or without accommodation. Under state law, a person with a disabling condition may not allege a failure to accommodate a disabling condition unless the employer knew or reasonably should have known that an accommodation was needed.

Please type or print all information. **Return to: _____**

PERSONAL

Date of Application	Type of Position You Are Seeking	
Name		Telephone Number
Address Street City County State Zip		
Are you lawfully able to work in the United States? ❑ Yes ❑ No	Minimum Salary Required	Date You Can Start
Do you have transportation available? ❑ Yes ❑ No	Do You Wish to Work ❑ Full-time ❑ Part-time	If Part-time, # of hours you wish to work _____ per week
At what locations are you willing to work?	From what source did you learn of this employment opportunity?	

GENERAL

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? ❑ Yes ❑ No	If yes, give details.
Are there any current felony charges pending against you?	If yes, give details.
Driver's License Number:	**For some positions, a person regarded as a successful candidate will be required to have a criminal record check and a driver's license check.**

MEDICAL HISTORY

Can you perform the tasks of this job with or without reasonable accommodations? ❑ Yes ❑ No	If No, which tasks would you be unable to accomplish?
If accommodations are needed, how would you perform the tasks, and with what accommodations?	
A person regarded as a successful applicant will be required to have a pre-employment physical which includes drug testing.	

EDUCATION

High School Diploma or G.E.D.? ❑ Yes ❑ No	I am licensed or registered in Michigan as a: Expiration Date:

For some positions, a person regarded as a successful applicant will be required to provide evidence of education, license, registration, and driver's license.

Type of Degree	Major	Minor	College, University, or Nursing School and Location	Date Degree Granted	Dates Attended
					From To
					From To
					From To

Professional Internship was completed at:

If applying for a clerical position, indicate job-related equipment you are qualified to operate.

Please provide any additional information such as special skills, training, management experience, computer, word processing, equipment operation, or qualifications you feel will be helpful to us in considering your application.

PERSONAL REFERENCES

Applicants for professional positions should indicate professional references or agency with which credentials are on file.

Name	Address	Phone

CURRENT AND FORMER EMPLOYERS (Attach extra pages if necessary)

List your present employer first, list every promotion as a new job. Please explain all periods of unemployment.

Employer Name and Address	Position Title	Salary: (per month) Starting _____ Ending _____
	❑ Full-time ❑ Part-time	From _____/_____ to _____/_____
	Number of Employees You Supervised	
Name of Supervisor: _____ May we contact this employer as a reference? ❑ Yes ❑ No	Reason for Leaving	

Description of Your Duties: _____

_____

_____

_____

Employer Name and Address	Position Title	Salary: (per month) Starting _____ Ending _____
	❑ Full-time ❑ Part-time	From _____/_____ to _____/_____
	Number of Employees You Supervised	
Name of Supervisor: _____ May we contact this employer as a reference? ❑ Yes ❑ No	Reason for Leaving	

Description of Your Duties: _____

_____

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_____

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_____

Employer Name and Address	Position Title	Salary: (per month) Starting _____ Ending _____
	❑ Full-time ❑ Part-time	From _____/_____ to _____/_____
	Number of Employees You Supervised	
Name of Supervisor: _____ May we contact this employer as a reference? ❑ Yes ❑ No	Reason for Leaving	

Description of Your Duties: _____

_____

_____

_____

Please read the following statement carefully before signing to indicate your understanding:

I understand that, prior to being offered employment, I will be requested to take an employment physical examination and drug testing. In the event that I have a disability which will affect my ability to take the tests, I will so inform the Agency prior to the administration of the test so that a reasonable accommodation can be made. The Agency reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may result in termination.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be continued based only on satisfactory performance and conduct.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted,* to provide you with any and all applicable information they have. I hereby release these references and former employers from all liability for any information they may give to you.

_____ Date

_____ Signature

*Employers specifically excepted: _____

FOR AGENCY USE ONLY:

Oral Appraisal For: _____ Date: _____

RATER	1	2	3	4
General Background (%)				
Motivation (%)				
Human Relations (%)				
Emotional Maturity (%)				
Other Factors:				
Total Average Rate				

Written Test				
Experience and/or Education				
Other				
Final Evaluation:				

Notification Action: ❑ Phone ❑ Letter	Interview Notification ❑	Hire Date: