



APPLICATION FOR EMPLOYMENT

www.oceana.mi.us

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, or any other legally protected status.

(PLEASE PRINT)

| | | |
|--|-----------------------------------|----------------------------------|
| Position(s) Applied For | | Date of Application |
| How Did You Learn About Us? | | |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend | <input type="checkbox"/> Inquiry |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative | <input type="checkbox"/> Other |

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

Best time to contact you? _____:_____AM/PM

If you are under 18 years of age, can you provide proof of your work eligibility? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

If Yes, state name, relationship and location _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

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

Proof of citizenship or immigration status will be required upon employment.

Date available to work ____/____/____

What is your desired salary range? _____

Are you available to work: Full Time (Please indicate: 1 2 3 shift)
 Part Time (Please indicate: Mornings Afternoon Evenings)
 Temporary (Please indicate dates available ___/___ - ___/___)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

EDUCATION

| School | Name and Address of School | Course of Study | No. of Years Completed | Diploma Degree |
|------------------------|----------------------------|-----------------|------------------------|----------------|
| High School | | | | |
| Undergraduate College | | | | |
| Graduate/ Professional | | | | |
| Other (Specify) | | | | |

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

| Employer | Dates Employed | Work Performed |
|----------------------------|--------------------|----------------|
| Address | From To | |
| Telephone Number(s) | Hourly Rate/Salary | |
| Starting/Present Job Title | Starting Final | |
| Reason for Leaving | | |
| Employer | Dates Employed | |
| Address | From To | |
| Telephone Number(s) | Hourly Rate/Salary | |
| Starting/Present Job Title | Starting Final | |
| Reason for Leaving | | |

| Employer | Dates Employed | Work Performed |
|----------------------------|--------------------|----------------|
| Address | From To | |
| Telephone Number(s) | Hourly Rate/Salary | |
| Starting/Present Job Title | Starting Final | |
| Reason for Leaving | | |

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information
Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience

Specialized Skills (Skills/Equipment Operated)

Excel
 Microsoft Word
 WPM
 Word Processing

Other: _____

State any additional information you feel may be helpful to us in considering your application:

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

Personal/Professional References (Do not include family members or past supervisors)

| Name | Phone Number | Best time to Call | Occupation |
|------|--------------|-------------------|------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Applicant's Statement

I certify that answers given herein are true and complete.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
This application for employment shall be considered active for a period of time not to exceed 45 days. 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 this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge 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 this organization.
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 rules and regulations of the employer.
I further understand that, by applying for a position with the public sector (Oceana County), my name may be released to the public if requested under the Freedom of Information Act (FOIA).

Signature of Applicant

Date