



# COUNTY OF WEXFORD APPLICATION FOR EMPLOYMENT

Position(s)

Date of Application

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Last Name

First Name

Middle Name

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Street Address

City

State

Zip Code

(H)

(C)

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Telephone Numbers(s)

e-mail Address

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Have you ever filed an application with us before? \_\_\_\_\_ If yes, give date \_\_\_\_\_

Are you prevented from lawfully becoming employed in the country because of Visa or Immigration status? \_\_\_ Yes \_\_\_ No Proof of citizenship or immigration status will be required upon employment.

Have you been previously employed here? \_\_\_\_\_ If yes, give date \_\_\_\_\_

List any friends or relatives working here:

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Are you currently employed? \_\_\_ Yes \_\_\_ No

On what date would you be available for work? \_\_\_\_\_

Are you available to work \_\_\_ Full time \_\_\_ Part Time \_\_\_ Shift Work \_\_\_ Temporary

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

Have you ever served in active U.S. Military service more than 180 days? \_\_\_ Yes \_\_\_ No

Dates of Service \_\_\_\_\_ to \_\_\_\_\_

**Please return this application to the Wexford County HR Office, 437 E. Division St. Cadillac, MI 49601**



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Employer	Dates Employed From/To	Work Performed
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Address

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Telephone Number(s)	Hourly Rate/Salary	Starting/Final
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Job Title	Supervisor
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Reason for Leaving

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Employer	Dates Employed From/To	Work Performed
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Address

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Telephone Number(s)	Hourly Rate/Salary	Starting/Final
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Job Title	Supervisor
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Reason for Leaving

Have you ever been suspended or discharged from employment? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

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***WE ARE AN EQUAL OPPORTUNITY EMPLOYER***

**ADDITIONAL INFORMATION**

State any additional information you feel may be helpful in considering your application.

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**REFERENCES**

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Name	Telephone
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Address

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Name	Telephone
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Address

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Name	Telephone
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Address

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I hereby represent that all information now or hereafter given by me in support of my application for employment is true and complete. I hereby authorize investigation of all statements contained in this application and full disclosure of my present and prior employment record, education and credit history. I grant permission to the County of Wexford to obtain employment, education and credit history information concerning my general reputation, character, conduct and work quality, and authorize any person or organization contacted to furnish information and opinions concerning any and all such matters, whether same is a matter of record or not, including a personal evaluation of my honesty, reliability, carefulness and ability to take direction from my superiors. I understand that this may include a record of disciplinary action assessed by previous employers. I hereby release the County of Wexford and any person or organization from any and all liability which may result in furnishing such information or opinion, and from any other liability whatsoever as a result of such inquiries and disclosures, and hereby release the County of Wexford, and any person, organization or prior employer from any obligation to provide me with written notification of such disclosure; provided, however, that these releases do not prohibit the filing of a charge with the Equal Employment Opportunity Commission based on the release of such information or the failure to notify me of the disclosure of such information. I understand that employment is contingent upon this investigation and, if hired, any misrepresentation, omission or falsification of facts called for on this application shall be considered sufficient cause for my dismissal without notice at any time during my employment. I understand and agree that if, in the opinion of the County of Wexford, the results of the investigation are unsatisfactory, that an offer of employment that has been made may be withdrawn or my employment with the County of Wexford may be terminated.

I further understand that the County of Wexford may require a medical examination by a County-designated physician (1) after I have received an offer of employment and prior to my commencement of employment duties; and, (2) during the course of my employment as required by business necessity and for job-related purposes. I hereby consent to such examinations and recognize that employment is contingent upon receipt of a satisfactory medical evaluation. I further understand and agree that prior to commencing employment or after I am employed, I may be requested to submit to tests to determine the presence of alcohol or illegal drugs, and agree to the release of any such test results to appropriate County personnel, and agree that if I refuse and/or fail such tests before commencing employment, my offer of employment will be revoked, or if I refuse such tests after being employed, my employment will be terminated.

**I agree that this application is not an offer of employment. I agree that if I am employed by the County of Wexford (1) that my contract of employment is at-will and may be terminated at any time, with or without notice and with or without cause at the option of either the County of Wexford or myself; (2) That I will receive wages and benefits and be subject to rules and regulations and that such wages, benefits, rules and regulations are subject to change by the County of Wexford at any time with or without notice to me; and (3) that in partial consideration for my employment, I shall not commence any action or other legal proceeding relating to my employment or the termination thereof more than six months after the event complained of and agree to waive any statute of limitations to the contrary.**

**I have read, understand and agree to the above statements and conditions of employment.**

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