

CHIPPEWA COUNTY CENTRAL DISPATCH

Greg Postma
Director

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Employment Application Form

APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS

DATE _____

Name _____

 Last First Middle Maiden

Present address _____

 Number Street City State Zip

Telephone (____) _____

Social Security No. _____ - _____ - _____

Driver's License Number _____

State of issue _____ Expiration date _____

If under 18, please list age _____

Position applied for (1) _____

and salary desired (2) _____

(Be Specific)

Are you certified officer in this position? _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired ___ FULL-TIME ONLY ___ PART-TIME ONLY ___ FULL- OR – PART- TIME

Are you acquainted with any member (or members) of Chippewa County Central Dispatch? _____

If so, whom? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME ___ No ___ Yes

HAVE YOU EVER BEEN ARRESTED? ___ No ___ Yes (Include drunk driving =, traffic citations, court summons,
and all other arrest, either as a juvenile or adult, including expunged felony arrests)

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Year	Charge	Location	Disposition

Are you a U.S. Citizen? _____

DO YOU HAVE A DRIVER'S LICENSE ____ Yes ____ No

What is your means of transportation to work? _____

Have you ever been employed with another agency? _____ (Yes/No)

If previously employed, have you ever been the focus of an internal investigation? _____ (Yes/No)

If so, explain. _____

Are you now a member of the National Guard? ____ Yes ____ No

Specially _____ Date Entered _____ Discharge Date _____

Have you ever served in the armed forces of the United States? _____

Did you receive an honorable discharge? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

Are you currently enrolled in any school or academic class? _____

Please list four references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone _____

Telephone _____

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone _____

Telephone _____

Work Experience:

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer: _____

Address: _____

City: _____

State: _____ Zip: _____

Name of last Supervisor _____

Employment Dates: From _____ To _____

Pay or salary: Start _____ Final _____

Reason for leaving (be specific) _____

Name of employer: _____

Address: _____

City: _____

State: _____ Zip: _____

Name of last Supervisor _____

Employment Dates: From _____ To _____

Pay or salary: Start _____ Final _____

Reason for leaving (be specific) _____

Name of employer: _____

Address: _____

City: _____

State: _____ Zip: _____

Name of last Supervisor _____

Employment Dates: From _____ To _____

Pay or salary: Start _____ Final _____

Reason for leaving (be specific) _____

May we contact your present employer? ____ Yes ____ No

Do you have any special training, experience or ability which you think would be of value to us? :

Did you complete this application yourself ____ Yes ____ No

If not, who did? _____

AUTHORIZATION TO RELASE INFORMATION

I, _____ am an applicant for employment, with Chippewa County Central Dispatch. This information is for my benefit. I hereby authorize, request, and direct educational institutions, my references, my employers (past and present), financial situations of any kind, medical institutions and doctors, and any other person, institution or organization, and all other governmental agencies and instrumentality's (local, state, federal or foreign) wherever and said individuals or organizations are situated, to release to the Director of Chippewa Country Central Dispatch or to any representative therefore, any document, information, record, or file that he deems materials to the processing of my application for employment. Said information can be furnished if the request, therefore, is made in person or in writing.

Further, I release all of said individuals and organizations from all liability to me that could arise in any manner, contact, or otherwise from the act of furnishing said information and record to the Director or his representative, and this serves as a waiver of any contract that I have with any of the said orignations or individuals, and serves as a waiver of any and all legal communications privileges that I could claim.

Further, I appoint the Director or his authorized representative as my agent for the sole purpose of collecting information for processing my application, and direct that he be permitted to inspect all of said files and information, and be permitted to make copies thereof at his discretion. This request can be treated as if I were making the request in person.

SIGNATURE OF APPLICANT: _____ DATE: _____

I, _____ , being first duly sworn, depose and say as follows: I am the person who executed the above authorization. I understand its meaning, intention, and effect and that the statements therein made are true and correct.

Signature: _____

Subscribed and sworn to before me this _____ Day of _____, 20_____.

Notary Public Signature _____

County of _____

My Commission Expires _____