

Application For EmploymentMecosta County Park Commission

Follow instructions carefully	 Print or type 						
Provide detail - do not use "see resume"		s & signature befo		g			
If accommodation or assistance is needed in completing the partition and him after.							
Position applying for:	Park/Location: Date						
General Information							
Name (Last, First, Middle Initial)	Cell Phone	Home Phone	Email Add	dress			
Mailing Address	City, State, Zip (Code	-				
Are you available to work: [] Full Time [] Par	t Time [] S	Shift Work	[] Season	al Work			
Can you provide proof, if hired, that you are eligible to w	vork in the United	I States?		[]Yes []	l No		
Have you ever been convicted of a crime other than a n					No		
If yes, please explain							
(Convictions are not an absolute bar to employment, bu	ıt will be consider	ed in relationshi	p to the job	requirements	s.)		
How did you learn about this opening?							
Are you at least 16 years of age?	[]Yes	[] No					
Are you at least 18 years of age?			[]Yes	[] No			
Have you ever been employed by the County of Mecost	ta or the Mecosta	County Park Co	mmission?	?			
If yes, when							
List any and all relatives currently employed by the Mec	osta County Park	Commission:					
Has your driver's license ever been revoked, suspended or restricted? [] Yes [] No							
If yes, for what reason and for how long?							
List any driving violations over the last three (3) years:							
Education/Training							
Did you graduate from high school or receive a GED Ce	ertificate?		[]Yes	[] No			
Name of School, College or Institute & Location	Years Attended	Did you Graduate?	D	Degree Earned			
Other and a settle of the delication and all the							
Other education/training/skills:							
License or Certifications held:							
Related volunteer experience:							
Computer/Technological skills (hardware & software):							
Employment - (Most recent first) Include r	millitary servic	e and self-emp	oloyment				
1. Employer:		Job Title:					
Dates Employed:	Prior positions with employer:						
Address:	City, State, Zip Code						
Supervisor Name/Position:	Phone Number:						
Starting Pay: Ending Pay:		Hours Worked	Per Week:				
Reason For Leaving:							
May we contact your employer as a reference?			[]Yes	[] No	[] N/A		
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2. Employer:		Job Title:							
Dates Employed:	Prior positions with employer:								
Address:		City, State, Zip Code							
Supervisor Name/Position:		Phone Number:							
Starting Pay:	Ending Pay: Hours Worked Per Week:								
Reason For Leaving:									
May we contact your employe	er as a reference?		[]Yes	[] No	[] N/A				
3. Employer:	Job Title:								
Dates Employed:	Prior positions with employer:								
Address:	City, State, Zip Code								
Supervisor Name/Position:		Phone Number:							
Starting Pay:	Ending Pay:	Hours Worl	ked Per Week:						
Reason For Leaving:									
May we contact your employe	er as a reference?		[]Yes	[] No	[] N/A				
If you have additional employment history, please continue on a separate sheet of paper.									
Have you ever been involunta	arily terminated or asked	d to resign from a position of em	ployment?	[]Yes	[] No				
If yes, describe circumstance	S:								
If selected for employment	, are you willing to subm	nit to a pre-employment drug sc	reening test?	[]Yes	[] No				
Signature Section									
	ntained in this application	on and any attachments is true a	and complete to	the best of	f my				
I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or									
_		plication or terminiation of my e	•						
investigation of all statements made on this application and any attachments, and I release all persons, companies, and									
organizations from liability for providing or receiving such information. I further understand that this employment									
application and other employment related documents are not contracts of employment; and, that any oral or written									
statements to the contrary are hereby expressly disavowed.									
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with									
the Mecosta County Park Commission is of an "at will" nature, which means that the Employee may resign at any time									
and the Employer may discharge the Employee 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 conduct unless such change is specifically									
acknowledged in writing by an authorized executive of this organization. I further understand that I am required to abide by all rules, regulations, policies and procedures of the employer.									
by all rules, regulations, polic	ies and procedures of th	іе епіріоуег.							
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Applicant's Signature			Date						

All information provided is subject to the Michigan Freedom of Information Act

Equal Opportunity Employer

The County of Mecosta and the Mecosta County Park Commission does not discriminate on the basis of age, color, disability, height, genetic information, marital status, national origin, partisan consideration, race, religion, sex, sexual orientation or weight in employment or the provision of services and complies with the provisions of the Michigan Equal Opportunity Act.