

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 employer as a reference?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> 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 Worked Per Week:	
Reason For Leaving:			
May we contact your employer as a reference?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> N/A	
If you have additional employment history, please continue on a separate sheet of paper.			
Have you ever been involuntarily terminated or asked to resign from a position of employment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe circumstances:			
If selected for employment, are you willing to submit to a pre-employment drug screening test?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Signature Section			
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 interview process will be cause for rejection of my application or termination of my employment. I authorize 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.			
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.