



## MECOSTA COUNTY PARK COMMISSION EMPLOYMENT APPLICATION

<ul style="list-style-type: none"> <li>Follow instructions carefully</li> <li>Provide detail - do not use "see resume"</li> <li>If accommodation or assistance is needed in completing this application, contact the employing agency</li> </ul>	<ul style="list-style-type: none"> <li>Print or type</li> <li>Check for errors &amp; signature before submitting</li> </ul>
Position applying for: _____	Department: _____ Date _____

General Information			
Name (Last, First, Middle Initial)	Work Telephone	Home Telephone	Email Address
Mailing Address	City	State	Zip Code
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary			
Can you provide proof, if hired, that you are eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain (Convictions are not an absolute bar to employment, but will be considered in relationship to the job requirements.)			
How did you learn about this opening?			
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you graduate from high school or receive a GED Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been employed by the County of Mecosta or the Mecosta County Park Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when _____			
List any and all relatives currently employed by the Mecosta County Park Commission _____			
Has your driver's license ever been revoked, suspended or restricted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, for what reason and for how long? _____			
List any moving violations during the last three (3) years: _____			

Education				
School Name	Years Attended	Location	Degree Received	Major

Other training, certifications, or licenses held: \_\_\_\_\_

Computer skills (hardware & software): \_\_\_\_\_

Employment - (Most recent first)	
I. Employer _____	Job Title _____
Dates Employed _____ to _____ Prior Position Held within Company (if any): _____	
Address _____ City _____ State _____ Zip _____	
Phone _____ Supervisor _____	
Starting Salary _____ Ending Salary _____ Average Hours Worked Per Week _____	
Reason for Leaving _____	
May we contact your employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	

2. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
 Dates Employed \_\_\_\_\_ to \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Average Hours Worked Per Week \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 May we contact your employer for a reference?  Yes  No  Not Applicable

3. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
 Dates Employed \_\_\_\_\_ to \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Average Hours Worked Per Week \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 May we contact your employer for a reference?  Yes  No  Not Applicable

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 any position of employment?  Yes  No  
 If yes, describe circumstances \_\_\_\_\_

If selected for employment, are you willing to submit to a pre-employment drug screening test?  Yes  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 and, that any oral or 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 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 by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand also, that I am required to abide by all rules and regulations 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 race, color, national origin, sex, religion, age or disability in employment or the provision of services and complies with the provisions of the Michigan Equal Opportunity Act. Created 9/07