

APPLICATION FOR EMPLOYMENT CHEBOYGAN COUNTY

EDUCATION

	High School	Vocational/ Technical	College	Graduate
School Name, City/State				
Did you graduate? (if not, number or credit hours completed)	Yes No	Yes No	Yes No	Yes No
Degree/ Certificate				
Major/ Minor				

Are you currently attending school or do you plan to further your education? Yes No

If **Yes**, please identify course of study and time commitment: _____

Do you hold any professional licenses or certifications? Yes No

If **Yes**, please list and describe: _____

Have you ever had a professional license or certification revoked or suspended? Yes No

If **Yes**, give date, action taken against you, and an explanation: _____

Are you currently under investigation concerning any professional license or certification matter? Yes No

If **Yes**, completely describe: _____

Describe any specialized training, apprenticeships, internships, skills, and extra-curricular activities pertaining to the position for which you are applying:

List professional, trade, business group memberships and offices held:

REFERENCES

(Do not include Relatives or former Employers)

Name	Address	Telephone

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EMPLOYMENT HISTORY *(continued)*

Employer	Dates		Worked Performed
	From	To	
Address & Telephone Number			
Job Title	Hourly Rate/ Salary		
	Start	Final	
Supervisor			
Reason for Leaving			
Employer	Dates		Worked Performed
	From	To	
Address & Telephone Number			
Job Title	Hourly Rate/ Salary		
	Start	Final	
Supervisor			
Reason for Leaving			
Employer	Dates		Worked Performed
	From	To	
Address & Telephone Number			
Job Title	Hourly Rate/ Salary		
	Start	Final	
Supervisor			
Reason for Leaving			

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Please Read Carefully Before Signing

I understand that neither the completion of this application nor any other part of my consideration for employment establishes an obligation for Cheboygan County to hire me. If I am hired, I understand that either Cheboygan County or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Cheboygan County has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Cheboygan County true and complete information on this application. No requested information has been concealed. I authorize Cheboygan County to contact references provided for employment reference checks. If any information I have provided is untrue, or I have concealed material information, I understand that this will result in denial of employment or immediate dismissal.

Signature

Date

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE