

Saginaw County is an equal opportunity employer. Federal and State law prohibits discrimination in employment practices because of race, color, religion, age, sex, national origin, or handicap.

**IMPORTANT:** Carefully read and follow all instructions.

**TYPE OR PRINT IN INK**

Name \_\_\_\_\_  
 (Last) (First)

Present Address \_\_\_\_\_  
 (Number) (Street) (City or Twp.) (State) (Zip Code)

Telephone: Home \_\_\_\_\_ Work or Other \_\_\_\_\_

First Date Available for Employment \_\_\_\_\_

Email Address \_\_\_\_\_

**POSITION APPLIED FOR:** \_\_\_\_\_

This form is not to be copied for distribution without the approval of the Personnel Department.

APPLICATION FOR EMPLOYMENT  
 COUNTY OF SAGINAW  
 An Equal Opportunity Employer  
 PERSONNEL DIVISION,  
 CONTROLLERS OFFICE  
 Saginaw County Courthouse  
 111 S. Michigan, Saginaw, MI 48602  
 Telephone: (989) 790-5213

EDUCATION\* (Select highest grade completed)      ○○○○○○○○      ○ ○ ○ ○      ○○○○○○○○

Grade School 1 2 3 4 5 6 7 8      High School 9 10 11 12      College 1 2 3 4 5 6 7 8

Type of School	NAME	LOCATION	Dates Attended From To	Did You Graduate?	No. Credit Hrs. Comp.	Degree Received	Major Courses
High School							
Business							
College							

**\*Verification of education including diplomas, certificates and transcripts may be required.**

Are you interested in: Full Time Work?  Part-time (REGULAR) Work?  TEMPORARY WORK?  SUMMER Work?

**EMPLOYMENT HISTORY:** Beginning with your present or most recent employment (1), please list your last four jobs.

**(1)**  
 Employing Firm \_\_\_\_\_ From \_\_\_\_\_  
 City & State \_\_\_\_\_ To \_\_\_\_\_  
 Your Title \_\_\_\_\_ Full-time  Part-time   
 Specific Duties \_\_\_\_\_ Starting Salary \_\_\_\_\_  
 \_\_\_\_\_ Last Salary \_\_\_\_\_  
 \_\_\_\_\_ Supv. Name \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

**(2)**  
 Employing Firm \_\_\_\_\_ From \_\_\_\_\_  
 City & State \_\_\_\_\_ To \_\_\_\_\_  
 Your Title \_\_\_\_\_ Full-time  Part-time   
 Specific Duties \_\_\_\_\_ Starting Salary \_\_\_\_\_  
 \_\_\_\_\_ Last Salary \_\_\_\_\_  
 \_\_\_\_\_ Supv. Name \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

**(3)**  
 Employing Firm \_\_\_\_\_ From \_\_\_\_\_  
 City & State \_\_\_\_\_ To \_\_\_\_\_  
 Your Title \_\_\_\_\_ Full-time  Part-time   
 Specific Duties \_\_\_\_\_ Starting Salary \_\_\_\_\_  
 \_\_\_\_\_ Last Salary \_\_\_\_\_  
 \_\_\_\_\_ Supv. Name \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

**(4)**  
 Employing Firm \_\_\_\_\_ From \_\_\_\_\_  
 City & State \_\_\_\_\_ To \_\_\_\_\_  
 Your Title \_\_\_\_\_ Full-time  Part-time   
 Specific Duties \_\_\_\_\_ Starting Salary \_\_\_\_\_  
 \_\_\_\_\_ Last Salary \_\_\_\_\_  
 \_\_\_\_\_ Supv. Name \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

## NON-PAID VOLUNTARY EXPERIENCE AND MILITARY SERVICE

Employing Firm	Address	From	To	Job Title	Duties
1.					
2.					
3.					

In addition to the experience and training listed, please give any reason why you feel you would be successful in the position for which you are applying. (Attach additional sheets if necessary.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PERSONAL DATA

Are you 18 years of age or older? \_\_\_\_\_ Were you previously employed by Saginaw County? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Name and telephone number of person to be notified in case of accident or emergency. \_\_\_\_\_

\_\_\_\_\_

Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are now employed, may we contact your present employer in regards to your qualifications? \_\_\_\_\_

\_\_\_\_\_

### PERSONAL REFERENCES (Not Former Employers or Relatives)

Name & Occupation	Address	Phone Number

(1) I hereby authorize the Saginaw County to contact my former employers, educational institutions, and personal references for the purpose of verifying my suitability for employment.

(2) I understand that I must satisfactorily complete a physical examination (which may include drug testing) as arranged by the County.

(3) I hereby authorize the County to verify my driving record if the position for which I am applying requires the use of a motor vehicle.

(4) I understand that new employees must complete a six-month probationary period before the appointment is considered regular. Probationary employees may be discharged without access to any appeal procedure.

(5) I certify that I can and will, upon request, substantiate all statements made by me on this application; that such statements are true and correct to the best of my knowledge and belief.

(6) I also understand that a false statement or dishonest answer to any question may be grounds for cancellation of my application, removal from the eligible list or my dismissal after appointment.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## HUMAN RESOURCES CARD

As Equal Employment Opportunity Employers, the following information is being gathered by Saginaw County for research in addition to federal and state EEO reporting requirements. This data **will not** be used in the selection process or be a part of the application. Your cooperation in **voluntarily** giving this information is appreciated.

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

Please select the appropriate, category that applies to you:

**SEX:**

- Male
- Female

**ETHNIC/RACIAL GROUP: (Select One)**

- White
- Black
- American Indian, Alaskan Native
- Asian
- Hispanic
- Pacific Islander
- Other

Are you a handicapped individual?  YES  NO

What position did you apply for? \_\_\_\_\_

How did this position come to your attention? \_\_\_\_\_

\* A handicapped individual, as defined by the Department of Labor, is a person who (1) has a physical or mental impairment which *substantially limits* one or more of such person's life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment. *Substantially limits* means the individual is likely to experience difficulty in securing, retaining, or advancing in employment because of his disability.