Saginaw County is an equal opportunity employer. Saginaw County prohibits discrimination against any person because of race, religion, color, national origin, age, sex (including pregnancy), height, weight, marital status, disability, genetic information or any other protected class/classification as designated by Federal or State law.

IMPORTANT: Carefully read and follow all instructions.

TYPE OR PRINT IN INK

Name:(Last) (First)					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, Michigan Telephone: (989) 790-5213				
Present Address (Number) (Street) (City or Twp.) (State) (Zip Code) Telephone: Home: Work or Other: First Date Available for Employment:									
EDUCATION*		Grade School	High S	School		Colle	ge		
(Circle highes	t grade completed	d) 12345678	9 10	11 12	1	234	5678		
TYPE OF SCHOOL	NAME	LOCATION	Dates From	Attended To		You uate?	No. Credit Hrs. Comp.	Degree Received	Major Courses
High School									
Business									
College									
*Verification	of education inc	cluding diplomas, certific	ates and	transcrip	ts ma	y be r	required.		

Are you interested in: FULL TIME WORK?

PART-TIME (REGULAR) WORK? SUMMER WORK?

TEMPORARY WORK?

EMPLOYMENT HISTORY: Beginning with your present or most recent employment (1), please list your last four jobs. (1) Employing Firm_____ From _____ City & State То Your Title _____ Full-time: Part-time: Specific duties_____ Starting Salary: Last Salary: Supv. Name: Supv.Contact Info: Reason for Leaving: From _____ (2) Employing Firm City & State То Full-time: Your Title Part-time: Starting Salary: Last Salary: Specific duties Supv. Name:_____ Supv.Contact Info: Reason for Leaving: (3) Employing Firm From_____ City & State Your Title Full-time: Part-time: Starting Salary: Last Salary: Specific duties Supv. Name: Supv.Contact Info: Reason for Leaving: (4) Employing Firm_____ From City & State____ To _____ Your Title _____ Full-time: Part-time: Starting Salary: Last Salary: Specific duties_____ Supv. Name: Supv.Contact Info: Reason for Leaving:

NON-PAID VOLUNTARY EXPERIENCE AND MILITARY SERVICE **Employing Firm** Job Title Address From To Duties 1. 2. 3. In addition to the exerience 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? Yes No Were you previously employed by Saginaw County? Yes No 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

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?

If yes, Contact Information:

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name & Occupation	Address	Phone Number

- (1) I hereby authorize 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:
SCT-934	-

HUMAN RESOURCES CARD

As Equal Employment Opportunity Employers, the following information is being gathered by Saginaw County to analyze the effectiveness of our recruitment effort 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 process. Your cooperation in **voluntarily** giving this information is appreciated.

NAME		DATE				
(Las	t) (First)	(Middle)				
ADDRESS		PHONE NO.				
Please select the ap	ppropriate, category that applies to you:					
SEX:						
Male	White					
Female	Black or African American					
	American Indian, Alaskan Native					
	Asian					
	Hispanic or Latino					
	Native Hawaiian or Other Pacific Islander					
	Two or more races					
Are you a'f kucdref	individual? YES NO					
What position did y	ou apply for?					
How did this positi	on come to your attention?					

^{*}According to the EEOC, a person can show that he or she has a disability in one of three ways: A person may be disabled if he or she has a physical or mental condition that substantially limits a major life activity (such as walking, talking, seeing, hearing, or learning); A person may be disabled if he or she has a history of a disability (such as cancer that is in remission); A person may be disabled if he or she is believed to have a physical or mental impairment that is not transitory (lasting or expected to last six months or less) and minor (even if he or she does not have such an impairment).