

Saginaw County 9-1-1- Authority 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 _____

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

APPLICATION FOR EMPLOYMENT
 SAGINAW COUNTY 9-1-1- AUTHORITY
 AN EQUAL OPPORTUNITY EMPLOYER
 618 CASS STREET
 SAGINAW, MI 48602
 989-797-4590

POSITION APPLIED FOR: _____

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		Did You Graduate?	No. Credit Hrs. Comp.	Degree Received	Major Courses
			From	To				
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?

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 reasons 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? _____ Are you a citizen of the United States? _____
 Were you previously employed by the Saginaw County 911 Authority? If yes, when? _____
 Name and telephone number of person to be notified in case of accident or emergency. _____

Have you ever been convicted of a crime? _____ If yes, when, where, and disposition of offense _____

Are there any felony charges pending against you? _____
 If you are now employed, are you willing to have the Saginaw County 911 Authority 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 911 Authority Board 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 Saginaw County 911 Authority Board.
- (3) I hereby authorize the Saginaw County 911 Authority Board 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 permanent. 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: _____