

DISTRICT HEALTH DEPARTMENT NO.2



Alcona County

11 Lake St. P.O. Box 218

Harrisville, MI 48740

Tel: 989-724-6757

Iosco County

420 W. Lake Street

Taws City, MI

Tel: 989-362-6183

Ogemaw County

630 Progress St.

West Branch, MI 48661

Tel: 989-345-5020

Oscoda County

393 S. Mt. Tom Road

Mio, MI 48647

Tel: 989-826-3970

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date of Application: _____

Name: _____
Last First Middle

Address: _____
Street (Apt) City/State Zip

Alternate Address: _____
Street City/State Zip

Contact Information: () ()
Primary Telephone Secondary Telephone

How did you learn about our company? Website Family/Friend

Newspaper DHD2 Employee Referral Other: _____

POSITION SOUGHT: _____ Available Start Date: _____

Seeking: Full-time Part-time

Are you available to work weekends when required by the position you have applied for?

Yes No

Desired Pay Range: \$ _____ Are you currently employed? _____
Hourly or Salary

Are you 18 years of age or older? Yes No

Are you authorized to work in the United States? Yes No

If the job you are applying for requires driving a vehicle, do you possess a valid Michigan driver's license? Yes No

If yes, indicate driver's license number: _____

Is your license currently or has it ever in the past been revoked, suspended, or restricted?

Yes No If yes, please explain: _____

Have you ever been convicted of a crime? Yes No

If yes, when, where, and nature of the offense: _____

List any relatives currently employed with District Health Department No.2:

EDUCATION

	Name and Location	Graduate? – Degree?	Major/Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc...			
Other Education			

Please list any license, registration, certificates, etc. which are related to the job you are applying for: _____

Have you ever had a license, registration, certificate, etc. related to the position you are applying for suspended, revoked, placed on probation or lapse for any reason?

Yes No

If yes, please explain: _____

EMPLOYMENT HISTORY:

Please give an accurate, complete full-time and part-time employment record. Start with present or most recent employer, and go back a minimum of ten (10) years.

Please list beginning from most recent:

Dates Employed (Start/End Dates)	Company Name	Location	Role/Title
Supervisors Name/Title:			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
			Pay Rate/Salary:

Job responsibilities and tasks performed:

Reason for leaving: _____ Voluntary Involuntary



Dates Employed (Start/End Dates)	Company Name	Location	Role/Title
Supervisors Name/Title:			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
			Pay Rate/Salary:

Job responsibilities and tasks performed:

Reason for leaving: _____ Voluntary Involuntary



Dates Employed (Start/End Dates)	Company Name	Location	Role/Title
Supervisors Name/Title:			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
			Pay Rate/Salary:

Job responsibilities and tasks performed:

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Dates Employed (Start/End Dates)	Company Name	Location	Role/Title
Supervisors Name/Title:			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
			Pay Rate/Salary:

Job responsibilities and tasks performed:

Reason for leaving: _____ Voluntary Involuntary



PROFESSIONAL REFERENCES:

List below the names of three (3) persons who have direct knowledge of your skills/experience for the position for which you are applying:

Name	Contact Information	Context of Reference

CERTIFICATION:

I hereby authorize my former employers, as stated above, to provide District Health Department No. 2 information pertaining to my employment. I also specifically waive the written notice requirement of Section 67 of Public Act 397 of 1978 pertaining to disciplinary reports, letters of reprimand, or other disciplinary actions.

I certify and acknowledge the following:

- The above information is accurate and complete
- I understand any false statement or answer may be grounds for dismissal if I should be employed by District Health Department No. 2
- References will be obtained from employers
- A physical and/or drug screen may be required
- Proof of educational attainment and licenses must be submitted
- A criminal history check will be obtained

Applicant's Signature

Date

+ _____

For Office Use Only:

Date Received:	Staff Initials:
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