DISTRICT HEALTH DEPARTMENT NO.2

Alcona County	Iosco County	Ogemaw County	Oscoda County
11 Lake St. P.O. Box 218	420 W. Lake Street	630 Progress St.	393 S. Mt. Tom Road
Harrisville, MI 48740	Taws City, MI	West Branch, MI 48661	Mio, MI 48647
Tel: 989-724-6757	Tel: 989-362-6183	Tel: 989-345-5020	Tel: 989-826-3970

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION Date of Application: _____

Name: _____
Last First Middle

Address: _____
Street (Apt) City/State Zip

Email Address: _____

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Is your license currently or has it ever in the past been revoked, suspended, or restricted?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:			☐ Full-time ☐ 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:			☐ Full-time ☐ 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:			☐ Full-time ☐ 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:			☐ Full-time ☐ 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: