

District Health Department No. 4

Main Office
100 Woods Circle - Suite 200
Alpena, MI 49707
(989) 356-4507

12265 M-32 W.
P.O. Box 183
Atlanta, MI 49709
(989) 785-4428

Doris E. Reid Center
825 S. Huron, Suite #1
Cheboygan, MI 49721
(231) 627-8850

151 E. Huron St.
P.O. Box 236
Rogers City, MI 49779
(989) 734-4723

APPLICATION FOR EMPLOYMENT

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Telephone
	City, State, Zip			Business Telephone
	Have you ever applied for employment with us before? [] Yes [] No If yes, Month & Year: Location:			Social Security #
	Position Desired			Compensation Expected
	Professionally Licensed as:		Expiration Date:	
	Are you available for full time work?			
	Are you eligible for employment in the United States?			When will you be available to begin work?
	Do you have reliable transportation available?			Please list counties in which you are willing to work.
	Other special training or skills (language, office machines, etc.)			

E D U C A T I O N	School	Name & Location of School	Course of Study	No. of Years Completed	Did you Graduate	Degree or Diploma
	High School				[] Yes [] No	
	Business/Trade/Technical				Date Graduated [] Yes [] No	
	College				Date Graduated [] Yes [] No	
	Graduate				Date Graduated [] Yes [] No	

Membership in Profession or Civic Organizations
(Exclude those which may disclose your race, color, religion, or national origin)

EMPLOYMENT

Please give accurate, complete full-time & part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone
	Address	Employed (state month & year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title & Describe Your Work _____ _____ _____	Reason for Leaving

2	Company Name	Telephone
	Address	Employed (state month & year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title & Describe Your Work _____ _____ _____	Reason for Leaving

3	Company Name	Telephone
	Address	Employed (state month & year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title & Describe Your Work _____ _____ _____	Reason for Leaving

4	Company Name	Telephone
	Address	Employed (state month & year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title & Describe Your Work _____ _____ _____	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.
DO NOT CONTACT Employer Number(s) _____ Reason _____

Have you been convicted of a crime in the past ten years, which has not been expunged or sealed by a court?

Yes No If Yes, describe date and court in full.

How did you learn of this position?

- News
- Friend
- Internet
- Other _____

PERSONAL REFERENCES (NON RELATIVES)

	Name	Address	Phone
1			
2			
3			

PROFESSIONAL REFERENCES

	Name	Address	Phone
1			
2			
3			

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in dismissal.

I understand that acceptance of an offer of employment does not create contractual obligation upon the employer to continue to employ me in the future.

If you decide to investigate my personal or employment history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

_____ Date

_____ Signature

Applicants will receive consideration without discrimination because of race, creed, color, sex, age, weight, national origin, disability or veteran status.

District Health Department No. 4 is an equal opportunity employer.