

Dickinson-Iron District Health Department
601 Washington Ave., Iron River, MI 49935
Office (906) 265-9913 Fax (906) 265-2950
EMPLOYMENT APPLICATION
(Please Print in Ink)

Position Applied For _____ Date of Application _____

How did you learn of this opening? Advertisement Friend Walk-In Other

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City/Town) (State) (Zip Code)

Telephone _____
(Home) (Cell) (Message)

Please list the names of any relatives who are elected officials, appointees or employees of the Dickinson-Iron District Health Department: _____

Have you ever been employed by the DIDHD before, and if so, when? _____

Can you provide proof of eligibility for employment in the United States? Yes No
(Proof of citizenship or immigration status will be required upon employment)

Are you available to work ____ Full Time ____ Part Time ____ Irregular Shift Work ____?

MILITARY SERVICE: Are you a veteran of the Armed Forces of the United States? Yes No

If yes, please give dates of duty: From _____ To _____

Did you receive a dishonorable discharge? Yes No

If operation of a vehicle is part of the position you are applying for, complete the following:

Driver's License No. _____ Expiration Date _____

Issued by the State of _____ Is your license currently valid? Yes No

Do you have a Commercial Driver's License? Yes No If yes, list CDL type _____

Have you ever been ticketed for any traffic offenses (excluding parking tickets)? Yes No If yes, fill-in the information below.

Date	Offense	Place	Disposition (e.g., paid fine, given points, etc.)

Have you ever been convicted of a felony? Yes No If yes, please explain _____

Do you have any felony charges pending against you? Yes No

Note: Depending upon the position for which you are applying, conviction of a felony, moving traffic violations and/or a dishonorable discharge may or may not be an automatic bar to employment. All circumstances will be considered.

EDUCATION

Type of School	School Name & Location	Degree/Cert Received	Dates (to-from) of Attendance	Major	Applicable Courses	# Credit Hrs Completed
Have you received a High School Diploma/GED Certificate? __Yes __No						
College/University (undergraduate)						
College/University (graduate)						
Other (specify)						

If you are still in school, please indicate here your anticipated date of graduation. _____

Name on your transcript, if different from name shown on application. _____

Do you possess a professional license, certificate or registration? Yes No If yes, complete the following: Title/Type _____ Number _____

Issued by _____ Date Received _____ Expiration Date _____

Have you ever had a state license or certification revoked and/or suspended? Yes No If so, please explain: _____

SPECIALIZED SKILLS (Check Skills/Equipment Operated)

- Calculator MS Word Other Word Processing Software, include software brand(s): _____
- Excel Access Other Spreadsheets Data Base Desktop Publishing Presentation, etc.
- Other

Heavy/Light Equipment and Motor Vehicles or Other Equipment Operated (Please list)

ADDITIONAL INFORMATION

Summarize special job-related skills and qualifications acquired from employment or other experience.

EMPLOYMENT HISTORY: List present position/most recent place of employment first (include full-time, part-time and volunteer). List every promotion as a new job. Attach additional pages if needed.

Employer _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Supervisor's Name & Title _____

Your Job Title _____ Your Duties _____

Reason for Leaving _____

Name you were employed under if different from name shown on application: _____

Worked From: _____ To: _____

month day year month day year

No. hours per week _____ Starting Salary _____ Last Salary _____

Employer _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Supervisor's Name & Title _____

Your Job Title _____ Your Duties _____

Reason for Leaving _____

Name you were employed under if different from name shown on application: _____

Worked From: _____ To: _____

month day year month day year

No. hours per week _____ Starting Salary _____ Last Salary _____

Employer _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Supervisor's Name & Title _____

Your Job Title _____ Your Duties _____

Reason for Leaving _____

Name you were employed under if different from name shown on application: _____

Worked From: _____ To: _____

month day year month day year

No. hours per week _____ Starting Salary _____ Last Salary _____

Employer _____ Phone () _____
Address _____ City _____ State _____ Zip _____
Supervisor's Name & Title _____
Your Job Title _____ Your Duties _____

Reason for Leaving _____
Name you were employed under if different from name shown on application: _____

Worked From: _____ To: _____
 month day year month day year

No. hours per week _____ Starting Salary _____ Last Salary _____

Employer _____ Phone () _____
Address _____ City _____ State _____ Zip _____
Supervisor's Name & Title _____
Your Job Title _____ Your Duties _____

Reason for Leaving _____
Name you were employed under if different from name shown on application: _____

Worked From: _____ To: _____
 month day year month day year

No. hours per week _____ Starting Salary _____ Last Salary _____

REFERENCES: List three individuals not related to you, whom you have known for at least one year.

Name _____ Phone () _____ Relationship _____
Address _____ City _____ State _____ Zip _____

Name _____ Phone () _____ Relationship _____
Address _____ City _____ State _____ Zip _____

Name _____ Phone () _____ Relationship _____
Address _____ City _____ State _____ Zip _____

APPLICANT UNDERSTANDINGS AND AGREEMENTS - I have read and understand the following:

I certify that the answers given on this application are true and complete to the best of my knowledge and I understand that false or misleading statements or omissions on this application may be considered sufficient cause for cancellation of my application or for dismissal if hired, whenever they may be discovered.

I authorize my former and/or current employer(s), listed references, and other persons who may have information regarding my qualifications to give the DIDHD representative(s) any and all information concerning my previous or current employment and any pertinent information that they may have, personal or otherwise, and I release all parties from all liability for any damages, causes of action, including, but not limited to, slander and libel, that may result from furnishing any such information to the DIDHD representative(s). Pursuant to the Bullard-Plawecki Employee Right-to-Know Act, I waive written notice from my current employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel file (even if more than four years old).

I understand that this employment application does not represent an offer or promise of employment and the use of this application form does not indicate that there are any positions open and does not, in any way, obligate the DIDHD. I understand that if hired, any employment is at will. This means that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of the DIDHD. I understand that no manager or representative of the Employer has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand and agree that I am required to abide by all the rules and regulations of the DIDHD. I further understand that the DIDHD will require me to undergo a criminal background check, and may require a skills test, and/or drug and alcohol test. I agree to take such tests and understand that my employment may be conditioned on the results of such tests.

I understand that any applicant for employment or employee needing accommodation to participate in the hiring process or to perform the essential functions of his or her job because of handicap or disability must notify the DIDHD in writing of the need for accommodation within 182 days after the date the disabled or handicapped individual knew or reasonably should have known that an accommodation was needed.

Signature of Applicant

Date

FOR EMPLOYER USE ONLY - Application sent to the following individuals on these dates:
