

# District Health Department No. 4

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

12519 State Street  
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

106 E. Huron St.  
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:					
	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

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

# 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, felony, misdemeanor or are the subject of an order or disposition?

Yes  No If Yes, describe in full with date.

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 the Application for Employment is true, correct and complete. If employed, any mis-statement or omission of fact on this application may result in dismissal. An individual who knowingly provides false information regarding his or her identity, criminal convictions as described above, is guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than \$500.00, or both.

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.

**FOR EMPLOYERS USE ONLY**

	Employer	Person Contact	Results
<b>R E F E R E N C E  C H E C K</b>			