

9-1-1
 Police
 Fire / EMS

Benzie County Central Dispatch

505 S. Michigan Ave Beulah MI 49617
 Non-emergency 231-882-4487/ Fax 231-882-5894



We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position applying for:	Date:
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other	

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
	Zip Code	
Home Telephone #	Mobile Telephone #	Social Security Number

Best time to contact you at home is between am/pm am/pm

Have you ever filed an application with us before?..... Yes No

If yes, give the date and position _____

Do any of your friends or relatives, other than a spouse work for

Benzie County? Yes No

Are you currently employed?..... Yes No

Are you currently on "lay-off" status and subject to recall?..... Yes No

May we contact your current employer?..... Yes No

Are you prevented from lawfully becoming employed in the country
 because of a VISA or Immigration Status?..... Yes No

Have you ever been arrested or convicted of a crime? Yes No

Date available to start employment ____/____/____.

What is your desired salary range? _____

Are you able to work:

Full Time (includes 8 or 10 hour Shifts – Holidays – Weekends – Overtime)

Part Time (call-in, fill-in, etc.

Can you travel when the job requires it?..... Yes No

Did you receive a job description? Yes No

Employment Experience

Start with your most recent or current job. Include any job related military service assignments and volunteer activities. *You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.*

#1 - Most recent or current employer:		Address:
Telephone #:	Job Title(s):	Supervisor Name:
Permission to contact employer: (Circle one) Yes No		
Work performed:		
Start Date:	Final Date:	
Reason for leaving:		

#2 - Employer:		Address:
Telephone #:	Job Title(s):	Supervisor Name:
Permission to contact employer: (Circle one) Yes No		
Work performed:		
Start Date:	Final Date:	
Reason for leaving:		

#3 - Employer:		Address:
Telephone #:	Job Title(s):	Supervisor Name:
Permission to contact employer: (Circle one) Yes No		
Work performed:		
Start Date:	Final Date:	
Reason for leaving:		

- If you need additional space, attach a separate sheet of paper with the same information.

List professional, trade, business or civic activities and offices held. *You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.*

Other Qualifications – Summarize specialized job related skills and qualifications acquired from employment or other experience.

Specialized Skills

___ Computer Skills _____

___ Typing – _____ Words Per Minute tested

List any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing, in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

___ Yes ___ No

References

Name:	Relationship:
Address:	
Telephone #:	Telephone #:

Name:	Relationship:
Address:	
Telephone #:	Telephone #:

Name:	Relationship:
Address:	
Telephone #:	Telephone #:

Name:	Relationship:
Address:	
Telephone #:	Telephone #:

For Department Use Only	
Position applied for is open:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:	

Received Stamp	Interview: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Phone Interview Date:
	Panel Interview Date:

Authorization for the Release of Information

Last Name: _____ First: _____ Middle: _____

Sex: M F Social Security Number: _____

Driver's License Number: _____

Signature: _____

I, _____, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any agent of Benzie County Central Dispatch, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints filed by or against me, and salary records; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records.

I understand that any record of any arrest or conviction of any crime will not be necessarily bar me from employment. Factors such as age, time of offense, seriousness of violation, and rehabilitation will be considered.

I reiterate, and emphasize the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for Benzie County Central Dispatch to consider determining my suitability for employment. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history investigation that is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Benzie County Central Dispatch. I understand that all materials pertaining to this background investigation becomes the property of the Benzie County Central Dispatch and will not be returned to me.

I agree to indemnify and hold harmless any person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request I further understand that in the event my application is disapproved, the sources of the confidential information cannot be revealed to me.

A photocopy and/or facsimile of this release will be valid and an original hereof, even though the said photocopy does not contain an original writing of my signature.

Must be signed in the presence of a notary or the application will not be accepted:

Applicant's Printed Full Name: _____

Applicant's Signature: _____

Subscribed and sworn before me this _____ day of _____ 20____

My commission expires _____, 20____.

Notary _____