



# BENZIE COUNTY SHERIFF'S OFFICE

## APPLICATION FOR EMPLOYMENT

We consider 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(s) Applied For	Date of Application
How did you learn about us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Inquiry	<input type="checkbox"/> Other _____
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Address</b>	<b>Number</b>	<b>Street</b>
	<b>City</b>	<b>State</b>
		<b>Zip Code</b>
<b>Telephone No.</b>	<b>Social Security No.</b>	

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

If you are under 18 years of age, can you provide required proof of your eligibility to work? .....  Yes  No

Have you ever filed an application with us before? .....  Yes  No  
If yes, give date \_\_\_\_\_.

Have you ever been employed with us before? .....  Yes  No  
If yes, give date \_\_\_\_\_.

Do any of your friends or relatives, other than spouse work for Benzie County? .....  Yes  No

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

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

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.* .....  Yes  No

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

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full-time (please indicate 1 2 3 shift)  
 Part-time (please indicate Mornings Afternoon Evenings)  
 Temporary (please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

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

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

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**



# EMPLOYMENT EXPERIENCE

Start with your present or last 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.

<b>1</b>	Employer		<b>Dates Employed</b>		<b>Work Performed</b>
			<b>From</b>	<b>To</b>	
	Address				
	Telephone Number(s)		<b>Hourly Rate/Salary</b>		
			<b>Starting</b>	<b>Final</b>	
	Job Title	Supervisor			
	Reason for Leaving				
<b>2</b>	Employer		<b>Dates Employed</b>		<b>Work Performed</b>
			<b>From</b>	<b>To</b>	
	Address				
	Telephone Number(s)		<b>Hourly Rate/Salary</b>		
			<b>Starting</b>	<b>Final</b>	
	Job Title	Supervisor			
	Reason for Leaving				
<b>3</b>	Employer		<b>Dates Employed</b>		<b>Work Performed</b>
			<b>From</b>	<b>To</b>	
	Address				
	Telephone Number(s)		<b>Hourly Rate/Salary</b>		
			<b>Starting</b>	<b>Final</b>	
	Job Title	Supervisor			
	Reason for Leaving				
<b>4</b>	Employer		<b>Dates Employed</b>		<b>Work Performed</b>
			<b>From</b>	<b>To</b>	
	Address				
	Telephone Number(s)		<b>Hourly Rate/Salary</b>		
			<b>Starting</b>	<b>Final</b>	
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.  
 You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:


## ADDITIONAL INFORMATION

### Other Qualifications

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


### **SPECIALIZED SKILLS** (CHECK SKILLS/EQUIPMENT OPERATED)

<u>PC Terminal</u>	<u>Spreadsheet</u>	<u>Production/Mobile Machinery (list)</u>	<u>Other (list)</u>
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
<input type="checkbox"/> WPM	<input type="checkbox"/> WPM	_____	_____
		_____	_____

*State 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



# AUTHORIZATION FOR RELEASE OF INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY authorized agent of the Benzie County Sheriff's Office, 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; financial or credit institutions, including records of deposits, withdrawals and balances of checking and saving accounts, and loans; employment and pre-employment records, including background reports, efficiency ratings, complaints filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; real and personal property tax statements and records, and other financial statements and records wherever located, and to include the records and recollections of attorneys at law, or of counsel, whether representing me or another person in any case in which I have or have had an interest.

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

I reiterate, and emphasize that 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 the Benzie County Sheriff's Office to consider in determining my suitability for employment by that agency. 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 Sheriff's Office. I understand that all materials pertaining to this background investigation becomes the property of the Benzie County Sheriff's Office 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 as 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 application will not be accepted:**

Subscribed and sworn before me this \_\_\_\_\_ Applicant Signature  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

My commission expires \_\_\_\_\_, 20\_\_\_\_.

Notary: \_\_\_\_\_

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

\_\_\_\_\_  
Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By: \_\_\_\_\_  
Name and Title \_\_\_\_\_ Date \_\_\_\_\_