



Employment Application Keweenaw County Sheriff's Office

Date of Application _____

Position Applied for _____

-MCOLES Certified Police Officer Yes No

Academy attended _____

If currently attending academy _____

Expected Graduation Date: _____

-Certified Police Officer in another state Yes No

If yes, date and state certified Date _____ State _____

- Certified Corrections Officer Yes No

Academy attended _____

If currently attending academy _____

Expected Graduation Date: _____

-Certified Corrections Officer in another state Yes No

If yes, date and state certified Date _____ State _____

CURRENT PERSONAL INFORMATION

Name (Last/First/Middle) _____

Drivers License # _____ Sex _____ Date of Birth _____

Street Address _____ City _____

State _____ Zip Code _____ Telephone _____ E-mail _____

Current Employer or Current School

Address of Employer or School

Telephone Number _____

Dates of Current Employment _____ - _____

Are you a U.S. citizen? Yes or No, Date of citizenship _____

Do you personally know any employees of the Keweenaw County Sheriff? If so, who?

EDUCATIONAL BACKGROUND

1. Last High School Attended:

Name _____ Address _____
_____ Phone _____ Dates _____
Attended _____ G.P.A. _____ Diploma Yes No GED Yes No

2. College/University Attended:

Name _____ Address _____
_____ Phone _____ Attended _____ G.P.A. _____ Degree _____
Obtained _____

3. College/University Attended:

Name _____ Address _____
_____ Phone _____ Attended _____ G.P.A. _____ Degree _____
Obtained _____

4. College/University Attended:

Name _____ Address _____
_____ Phone _____ Attended _____ G.P.A. _____ Degree _____
Obtained _____

5. College/University Attended:

Name _____ Address _____
_____ Phone _____ Attended _____ G.P.A. _____ Degree _____
Obtained _____

EMPLOYMENT HISTORY

Chronological history of all employment starting with present/most recent employer. Account for all periods including casual employment. Include all periods of unemployment and state what you did during these periods. Note: Employers, supervisors and co-workers may be interviewed by an investigator. Employment discharge or disciplinary action does not mean you cannot be appointed for the position in which you applied.

1. Employer's

Name _____ Address _____

Telephone _____ Dates of

Employment/Unemployed From: _____ To: _____ -
Month/Year

Position/Title _____

Immediate Supervisor _____ May we contact? Yes

No

Salary _____

Description/Duties _____

Reason for

Leaving _____

2. Employer's

Name _____ Address _____

Telephone _____ Dates of

Employment/Unemployed From: _____ To: _____ -
Month/Year

Position/Title _____

Immediate Supervisor _____ May we contact? Yes

No

Salary _____

Description/Duties _____

Reason for

Leaving _____

3. Employer's

Name _____ Address _____

Telephone _____ Dates of

Employment/Unemployed From: _____ To: _____ -
Month/Year

Position/Title _____

3. EMPLOYMENT CONTINUED

Immediate Supervisor _____ May we contact? Yes
No

Salary _____

Description/Duties _____

Reason for
Leaving _____

4. Employer's

Name _____ Address _____

Telephone _____ Dates of
Employment/Unemployed From: _____ To: _____ -
Month/Year

Position/Title _____

Immediate Supervisor _____ May we contact? Yes
No

Salary _____

Description/Duties _____

Reason for
Leaving _____

Applicant's Statement

I understand that this application is not a contract of employment. I understand that Federal Law prohibits the employment of unauthorized persons; any offer of employment is contingent upon my ability to provide the required documentation within the time period required by law. I understand that the County of Keweenaw will confirm my work and personal history and verify data provided on this application, related papers and in interviews. I authorize all individuals, schools and organizations named herein (except my current employer if so noted) to provide any information requested and I release them from all liability for damage in providing this information. I understand that as a condition of employment I will be required to undergo and successfully pass a drug screen. I understand it is the Sheriff's policy to secure criminal conviction history information. I understand that all information is true and complete. I understand any falsifications, omissions or misrepresentations shall be sufficient cause for refusal of employment or dismissal regardless of the time elapsed before discovery. I agree that any lawsuit against the County of Keweenaw, its agents, officials and employees, arising out of my employment or termination of employment, including but not limited to federal or state civil rights claims, must be filed within 9 months of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

Printed _____ Signed _____
Date _____

Personal Inquiry Waiver and Authority for Release of Information

Applicant's Name: _____

Date/Place of Birth: _____

Applicant Authorization Consent for Release of Information Please Read Carefully. We welcome your application with the KEWEENAW COUNTY SHERIFF'S OFFICE. We require, as a condition of employment, that all applicants consent to and authorize a pre-employment verification of the background information submitted on their application, assessment questionnaire, and personal background questionnaire. This release and authorization acknowledge that the KEWEENAW COUNTY SHERIFF'S OFFICE may now or at any time while you are employed, conduct a verification of your education, personal references, motor vehicle records and to receive any criminal history record information pertaining to you which may be in the files of any Federal, State or local criminal justice agency in Michigan or any OTHER state and/or other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment eligibility under the Department's employment policies. All results will be proprietary and will be kept confidential. I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I have read and understand the release and consent and I authorize the background verification. I authorize all individuals, school, current and former employers, financial or credit institutions and other organizations and agencies to provide the KEWEENAW COUNTY SHERIFF'S OFFICE with all information requested and I hereby release all the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that a copy of this document is as valid as the original. I do hereby agree to forever release and discharge the KEWEENAW COUNTY SHERIFF'S OFFICE and their associates to full extent permitted by law from any claims, damages, losses and expenses or another charge or complaint filed with any agency arising from retrieving and reporting of information and acknowledge notice of right to receive a copy upon written request.

Personal Inquiry Waiver and Authority for Release of Information

Signature _____