



Berrien County does not discriminate in employment on the basis of religion, race, color, national origin, age, sex, marital status, height, weight, arrest record, handicap or disability. This application will be given every consideration, but its receipt does not mean that the applicant will be interviewed or employed.

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS

Please answer all questions. If a question does not apply to you, please write N/A (Not Applicable) in the appropriate box. Use **INK** and **PRINT** clearly. **ALL ORIGINAL APPLICATIONS MUST BE RETURNED TO THE Personnel Department, Berrien County Administration Center, 701 Main Street, St. Joseph, Michigan 49085-1316.**

PERSONAL

Name: _____ Social Security #: _____
Last First Middle Initial

Address: _____
Number and Street City State Zip

Home Phone#: _____ Cell Phone#: _____ Email: _____

1. Are you legally able to work in the United States? YES NO
2. Have you ever been convicted of a crime as an adult? YES NO
 If yes, give date(s) and nature of violation(s): _____
3. Are there any members of your immediate family presently employed by the County: YES NO
 If yes, state Name: _____
 Department: _____ Relationship: _____
4. Have you ever been employed by the County previously? YES NO
 If yes, indicate dates and department(s): _____

EDUCATION

Name of School	Location	Last Year Completed	Major Studies	Name of Degree or Certificate
Elementary		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		
High School		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		If no degree, # credits earned
Business or Trade		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		

I am licensed or certified in Michigan as a _____

If applicable, state typing speed: _____ wpm; shorthand speed: _____ wpm.

List machines and/or equipment which you can operate: _____

List appropriate seminars and training programs attended: _____

MILITARY RECORD

Length of U.S. Military Service: _____ Branch of Service _____
 Military Occupational Specialty: _____

EMPLOYMENT HISTORY (LIST IN ORDER, LAST EMPLOYER FIRST)

1. Employer, Address, Phone #	Position Title	From _____ / _____ month year
	Reason for Leaving	To _____ / _____
Description of Duties	Supervisor's Name	Salary: Starting \$ _____ Ending \$ _____
2. Employer, Address, Phone #	Position Title	From _____ / _____ month year
	Reason for Leaving	To _____ / _____
Description of Duties	Supervisor's Name	Salary: Starting \$ _____ Ending \$ _____
3. Employer, Address, Phone #	Position Title	From _____ / _____ month year
	Reason for Leaving	To _____ / _____
Description of Duties	Supervisor's Name	Salary: Starting \$ _____ Ending \$ _____
4. Employer, Address, Phone #	Position Title	From _____ / _____ month year
	Reason for Leaving	To _____ / _____
Description of Duties	Supervisor's Name	Salary: Starting \$ _____ Ending \$ _____

(additional employment history sheets available upon request)

Indicate any change of name which would be needed to check your work record: _____

REFERENCES (PERSONS, OTHER THAN RELATIVES, FAMILIAR WITH YOUR WORK)

NAME AND OCCUPATION	ADDRESS	Phone # (with area code)
		Home Business
		Home Business
		Home Business

ADDITIONAL INFORMATION

Please feel free to use the space below to give additional information necessary to describe your full qualifications. (You may wish to include special training, languages you speak and/or write fluently, community activities, hobbies, sports, etc.)

SIGNATURE STATEMENT - MUST BE SIGNED TO VALIDATE THIS APPLICATION.

PLEASE READ CAREFULLY BEFORE SIGNING. If you have any questions regarding the following statement or any questions contained in this application, please ask them of an employment interviewer before signing.

The information on this application is true and accurate to the best of my knowledge. I understand that my references and past work history are subject to check and that any misleading, incorrect, or incomplete statements may render my application void or become cause for discharge, if I am employed. I understand that employment with the County of Berrien will be contingent upon the results of a physical examination and background investigation, if applicable. I also understand that, if I am employed, I may be terminated at any time, with or without cause, unless otherwise provided by a collective bargaining agreement.

If my application is considered favorably, I will be available
 for work on _____ Signature _____ Date _____

NAME: _____
Last First Middle

COUNTY OF BERRIEN

DATE: _____

APPLICANT DATA TRACKING SHEET

Shaded area for office use only

POSITION APPLIED FOR	DEPARTMENT	POS #	CLS/CD	G/CD	DEPT. ACT. #

The following information is kept in the Personnel Office and is NOT sent to the department to which you are applying. The information is used only for statistical purposes to monitor and track the County's compliance with State and Federal employment laws.

PLEASE ANSWER ALL QUESTIONS BY WRITING RESPONSE AND/OR CHECKING THE APPROPRIATE BOXES.

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____ ZIP CODE: _____

GENDER: FEMALE MALE Do you have a valid motor vehicle operator's license? YES NO If YES, expiration date: _____

RACIAL/ETHNIC ORIGIN: American Indian or Alaskan Native Asian or Pacific Islander Black/African American (Non-Hispanic)

Hispanic White/Caucasian *Multi-Racial (Having parents of more than one of the broad race categories listed)

If you are Multi-Racial, please check the box next to your predominant race (the race you are most identified as):

- American Indian or Alaskan Native Asian or Pacific Islander Black/African American (Non-Hispanic)
 Hispanic White/Caucasian (Non-Hispanic)

EDUCATIONAL LEVEL: Please indicate the level of education you have completed. (1) High School (2) Some college (3) Associates

(4) Bachelors (5) Masters (6) Other (Please indicate): _____

PLEASE DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY

SSN: _____

EDUC: 1 2 3 4 5 6

POS #: _____

SONIC: _____

V/H: Y / N

DEPT ACT. #: _____

DOB: _____

CERT: Y / N

GRP/CD: _____

ZIP: _____

HIRED: Y / N

CLS/CD: _____

A/DT: _____

T/S: _____ / _____
GROSS NET