

THIS FORM CONTAINS REQUIRED FIELDS - IT WILL NOT SUBMIT IF ANY OF THE REQUIRED FIELDS ARE EMPTY

**** DENOTES A REQUIRED FIELD**

INTERNET APPLICATION FORM INSTRUCTIONS: Complete all the required fields and submit

APPLICATION FOR EMPLOYMENT
JACKSON COUNTY AND COURTS

Date of Application

**** JOB PREFERENCE**

NAME **
Last First Middle Initial
ADDRESS **
Street City State Zip Code
TELEPHONE ** () - ** () -
Home Daytime Number

Have you ever been employed by Jackson County or Courts before? Yes No

Are you legally eligible for employment in this country? Yes No
(Proof of U.S citizenship or immigration status will be required upon employment.)

When would you be available for work?

Are you available to work: Full-time Part-time Shift Work Temporary/Seasonal

Are you currently employed? Yes No May we contact your present employer? Yes No

If applying for a position requiring a drivers/chauffeurs' license please give license number:

List professional licenses you hold:

If applying for a clerical position, please indicate typing/data entry speed:

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with Jackson County.

Have you been convicted of a felony or misdemeanor in the last seven (7) years? Yes No
If yes, please explain:

Have you received a disciplinary suspension or been discharged from any position(s)? Yes No
If yes, please explain:

Do you have any relatives employed by Jackson County or Courts? Yes No
If yes, please give name and department:

Provide any other information, including volunteer experience, you feel would be helpful in determining how you may be employed.

EDUCATIONAL BACKGROUND:

NAME/LOCATION	YEARS COMPLETED	DEGREE
High School **	**	**
College/University**	**	**

Other

As public employers, Jackson County and the Courts are subject to the Freedom of Information Act and, under that Act, Jackson County is required to provide a copy of this application to any individual submitting a written request unless, as an applicant, you request that your application remain in confidence.

I wish this application for employment to remain in confidence Yes No

I hereby certify that all statements on this Application for Employment (and accompanying resume, if any) are made completely, truthfully and without evasion, and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being employed, or if employed, may result in my dismissal.

I authorize Jackson County and the Courts to investigate all statements contained in the application, including disciplinary records of any former employers, police departments, and other references or sources concerning me. I authorize all such references and sources to release this information without liability for damage incurred in giving it. I waive any written notice of the release of such records that may be required by state or federal law.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that affect is executed in writing by the employer. I understand that any employment offer may be conditioned upon the results of a pre-employment medical examination, and any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances, should they be required.

Jackson County and the Courts actively encourage applications by qualified individuals with disabilities, and does not discriminate in its consideration of such applicants. If you believe that any accommodation of a disability will be necessary for the testing and/or interview process contact the Human Resources Department at (517) 788-4340.

Signature of Applicant:

Date:

JACKSON COUNTY AND COURTS, FOR PURPOSES OF HIRING, PROMOTION, ADVANCING, OR ASSIGNING JOBS OR ANY OTHER TERMS OR CONDITIONS OF EMPLOYMENT AGREES TO PROVIDE EQUAL EMPLOYMENT OPPORTUNITY REGARDLESS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, HEIGHT, WEIGHT, MARITAL STATUS, ARREST RECORD, OR DISABILITY AS DEFINED BY LAW OR ANY FACTOR NOT RELATIVE TO JOB PERFORMANCE; EXCEPT WHERE A SPECIFIED AGE, SEX OR PHYSICAL REQUIREMENT IS A BONA-FIDE OCCUPATIONAL REQUIREMENT.

DO NOT WRITE BELOW THIS LINE

Test Scores/Dates: Application Number:

Start Date	Fund/Sub-Dept.	Job Title	Classification
Rate of Pay	Employee No.	Approved By:	PCN#