

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#