

## Gladwin County Sheriff's Office Application for Employment

### Personal Information

Date \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Are you 18 years or older? \_\_\_\_\_

Are you a U.S. Citizen or otherwise have a permit to work in the United States? \_\_\_\_\_

Have you ever served in active U.S. Military service? \_\_\_\_\_  
 If yes, dates of service \_\_\_\_\_ to \_\_\_\_\_

### Employment Desired

Position Applying for \_\_\_\_\_ Full-Time \_\_\_\_\_  
 Hours Available \_\_\_\_\_ Part-Time \_\_\_\_\_  
 Temporary \_\_\_\_\_  
 Casual \_\_\_\_\_

Annual Salary Requirements \_\_\_\_\_

Date Available for Employment \_\_\_\_\_

If currently employed, termination notice you must give to present employer \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DIPLOMA OR DEGREE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
POST-GRADUATE				
OTHER				

Please list special qualifications, training, licenses and skills that would assist you in performing the job you are applying for: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Briefly describe why you are interested in this position \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Employment History (List below the last three employers, starting with the most recent)

Employed From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Company Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Starting Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Final Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

List main duties performed:

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

If presently employed, may we contact? \_\_\_\_\_

If yes, telephone number (including area code): \_\_\_\_\_

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Employed From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Company Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Starting Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Final Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

List main duties performed:

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Employed From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Company Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Starting Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Final Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

List main duties performed:

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Have you ever been suspended or discharged from employment? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

**References**

Give the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	TELEPHONE	BUSINESS	YEARS ACQUAINTED

\*I certify that all the information submitted by me on this application for employment is true and complete and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and without notice, at any time, by the company. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with our without notice, at any time by the company. It is the policy of Caring & Compassionate Healthcare Agency LLC to provide equal employment opportunities to all applicants regardless of race, color, religion, national origin, age, disability or veteran status.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_