

**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): _____

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: _____

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: _____

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 or without notice, at any time by the company.

Date: _____ Signature: _____