



**BARRY COUNTY SHERIFF'S OFFICE**  
**EMPLOYMENT APPLICATION**

NAME: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

**POSITION APPLIED FOR:**

☐ DEPUTY SHERIFF (MCOLES CERTIFICATION REQUIRED) MCOLES I.D. # \_\_\_\_\_

ACADEMY ATTENDED: \_\_\_\_\_ DATES ATTENDED: \_\_\_\_\_

IF CURRENTLY ATTENDING ACADEMY, WHICH ONE? \_\_\_\_\_

EXPECTED GRADUATION DATE: \_\_\_\_\_

☐ CORRECTIONS DEPUTY

WRITTEN TEST SCORE: \_\_\_\_\_ PLEASE PROVIDE DOCUMENTATION

LCOPAT SCORE: \_\_\_\_\_ PLEASE PROVIDE DOCUMENTATION

CORRECTIONS ACADEMY, IF ATTENDED: \_\_\_\_\_

LCOTS I.D. # \_\_\_\_\_

DATE CERTIFIED: \_\_\_\_\_

☐ CIVILIAN/ADMINISTRATIVE AID

☐ CADET

EMPLOYMENT DESIRED: FULL TIME ☐ PART TIME ☐

IF HIRED, DATE AVAILABLE TO START: \_\_\_\_\_

CURRENTLY EMPLOYED? YES [ ] NO [ ]

IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES [ ] NO [ ]

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

CURRENT ADDRESS: \_\_\_\_\_

OTHER ADDRESS USED: \_\_\_\_\_

OPERATORS LICENSE NUMBER: \_\_\_\_\_

PHONE – HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

WORK: \_\_\_\_\_ OTHER: \_\_\_\_\_

ARE YOU 18 YEARS OLD OR OLDER? [ ] YES [ ] NO

ARE YOU A U.S. CITIZEN? YES [ ] NO [ ]

HAVE YOU EVER WORKED FOR THIS COUNTY BEFORE? YES [ ] NO [ ]

HAVE YOU EVER APPLIED WITH THIS COUNTY BEFORE? YES [ ] NO [ ]

IF SO, WHEN? \_\_\_\_\_

DO YOU PERSONALLY KNOW ANY EMPLOYEES OF THE COUNTY OF BARRY? YES [ ] NO [ ]

DO YOU HAVE ANY RELATIVES EMPLOYED BY THE COUNTY OF BARRY? YES [ ] NO [ ]

DO YOU POSSESS COMMUNICATION SKILLS IN ANY OTHER LANGUAGE OTHER THAN  
ENGLISH? YES [ ] NO [ ] LANGUAGE: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES [ ] NO [ ]

HAVE YOU EVER BEEN CONVICTED OF A MISDEAMEANOR CRIME OF DOMESTIC VIOLENCE, OR  
ITS EQUIVALENT, AT ANY TIME DURING YOUR ADULT LIFE? YES [ ] NO [ ]

**\*\*YOU WILL NOT BE DENIED EMPLOYMENT SOLEY BECAUSE OF A CONVICTION RECORD, UNLESS THE OFFENSE IS RELATED TO OR IMPACTS THE JOB FOR WHICH YOU ARE MAKING APPLICATION\*\***

**HAVE YOU EVER BEEN DISCHARGE OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? YES [ ] NO [ ]**

**DO YOU HAVE U.S. MILITARY EXPERIENCE? YES [ ] NO [ ]**

**DATE ENTERED SERVICE: \_\_\_\_\_ BRANCH: \_\_\_\_\_**

**RANK: \_\_\_\_\_ DATE DISCHARGED: \_\_\_\_\_**

**PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES? YES [ ] NO [ ]**

**DATE OBLIGATION ENDS: \_\_\_\_\_**

**EDUCATION**

**HIGH SCHOOL: \_\_\_\_\_**

**ADDRESS OF SCHOOL: \_\_\_\_\_**

**PHONE: \_\_\_\_\_ YEARS ATTENDED: \_\_\_\_\_**

**DIPLOMA? YES [ ] NO [ ] GED? YES [ ] NO [ ]**

**COLLEGE/UNIVERSITY NAME: \_\_\_\_\_**

**ADDRESS: \_\_\_\_\_**

**PHONE: \_\_\_\_\_ DATES ATTENDED: \_\_\_\_\_ TO \_\_\_\_\_**

**DIPLOMA? YES [ ] NO [ ] TYPE OF DEGREE: \_\_\_\_\_**

**NUMBER OF CREDITS: \_\_\_\_\_ MAJOR/FIELD OF STUDY: \_\_\_\_\_**

**COLLEGE/UNIVERSITY NAME: \_\_\_\_\_**

**ADDRESS: \_\_\_\_\_**

PHONE: \_\_\_\_\_ DATES ATTENDED: \_\_\_\_\_ TO \_\_\_\_\_

DIPLOMA? YES [ ] NO [ ] TYPE OF DEGREE: \_\_\_\_\_

NUMBER OF CREDITS: \_\_\_\_\_ MAJOR/FIELD OF STUDY: \_\_\_\_\_

COLLEGE/UNIVERSITY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATES ATTENDED: \_\_\_\_\_ TO \_\_\_\_\_

DIPLOMA? YES [ ] NO [ ] TYPE OF DEGREE: \_\_\_\_\_

NUMBER OF CREDITS: \_\_\_\_\_ MAJOR/FIELD OF STUDY: \_\_\_\_\_

TRADE, BUSINESS OR SPECIALIZED SCHOOL: \_\_\_\_\_

LOCATION OF SCHOOL: \_\_\_\_\_

DID YOU GRADUATE: YES [ ] NO [ ] FIELD OF STUDY: \_\_\_\_\_

ANY OTHER EDUCATION OR PROFESSIONAL LICENSES: \_\_\_\_\_

**SPECIAL SKILLS: CHECK THE FOLLOWING SKILLS AND EXPERIENCES YOU POSSESS.**

[ ] COMPUTER SOFTWARE AND HARDWARE KNOWLEDGE

[ ] COMPUTER PROGRAMMING

[ ] WORD PROCESSING

[ ] SIGN LANGUAGE, BRAILLE, OR OTHER SKILLS (EXPLAIN) \_\_\_\_\_

**EMPLOYMENT/EXPERIENCE – PLEASE LIST STARTING WITH LAST EMPLOYER FIRST**

NAME OF EMPLOYER: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

### **PERSONAL REFERENCES**

**PLEASE PROVIDE THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR. WE WILL ASSUME WE HAVE YOUR PERMISSION TO CONTACT THESE INDIVIDUALS UNLESS YOU INDICATE TO THE CONTRARY.**

**NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE/CONTACT NUMBERS: \_\_\_\_\_

YEARS ACQUAINTED: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE/CONTACT NUMBERS: \_\_\_\_\_

YEARS ACQUAINTED: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE/CONTACT NUMBERS: \_\_\_\_\_

YEARS ACQUAINTED: \_\_\_\_\_

**PLEASE READ CAREFULLY**

**1. WORK AUTHORIZATION:**

**BEFORE ANY APPLICANT CAN BEGIN WORK, THE PERSON MUST BE ABLE TO VERIFY, UNDER LAW, THAT HE OR SHE IS AUTHORIZED TO WORK IN THE UNITED STATES. ALL APPLICANTS OFFERED A POSITION WITH BARRY COUNTY WILL HAVE TO DOCUMENT THEIR AUTHORIZATION TO WORK BEFORE THE HIRING PROCESS WILL BE COMPLETE.**

**ALL APPLICANTS ARE BEING NOTIFIED AT THIS TIME THAT, IF SELECTED FOR HIRE, IT WILL BE YOUR RESPONSIBILITY TO PROVIDE BARRY COUNTY WITH DOCUMENTATION SHOWING YOUR RIGHT TO WORK. BARRY COUNTY IS GIVING YOU THIS NOTICE SO MAY HAVE THOSE DOCUMENTS READY IF YOU SHOULD BE OFFERED A POSITION. THE DOCUMENTS WILL BE REVIEWED BY THE DEPARTMENT HEAD OR COORDINATOR AT THE TIME A CONDITIONAL OFFER OF EMPLOYMENT IS MADE.**

**2. MEDICAL EXAMINATION:**

**ANY JOB YOU ARE OFFERED BY BARRY COUNTY WILL BE CONDITIONAL ON THE RESULTS OF A MEDICAL EXAMINATION IF ONE IS REQUESTED BY BARRY COUNTY. THE MEDICAL EXAM WILL BE CONDUCTED BY A PHYSICIAN SELECTED BY BARRY COUNTY AND WILL BE COMPLETED BEFORE YOU BEGIN WORK ON THE JOB.**

**3. ACCOMODATIONS:**

**MICHIGAN LAW REQUIRES THAT YOU NOTIFY BARRY COUNTY IN WRITING OF A NEED FOR ACCOMODATION FOR EMPLOYMENT WITHIN 182 DAYS AFTER YOU KNOW OR SHOULD HAVE KNOWN THAT AN ACCOMODATION OF YOUR HANDICAP IS NEEDED.**

**4. CRIMINAL HISTORY AND DRIVING RECORD:**

**I AGREE TO COOPERATE WITH BARRY COUNTY BY TAKING WHATEVER STEPS ARE NEEDED IN ORDER TO ALLOW BARRY COUNTY TO SECURE MY CRIMINAL CONVICTION HISTORY AND DRIVING RECORD FROM THE APPROPRIATE AGENCEIS.**

**CERTIFICATION OF FACTS**

***"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.***

***I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOUT TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOIUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FROM ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.***

***I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINTE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE, UNTIL ONE YEAR OF EMPLOYMENT AND FULL TIME STATUS HAS BEEN ACHIEVED."***

**DATE:\_\_\_\_\_ SIGNATURE\_\_\_\_\_**

