



County of Barry
APPLICATION FOR EMPLOYMENT
Equal Opportunity Employer

Barry County Administration
 220 West State Street, Hastings, MI 49058
 Ph. 269-945-1284 Fax 269-948-4884
 www.barrycounty.org

PERSONAL INFORMATION

Name: _____ Date: _____
 (Last) (First) (Middle)

Address: _____
 (Street) (City) (State) (ZIP)

Telephone: (____) _____ Home (____) _____ Work Call in Confidence?

Social Security Number: _____ E-mail address: _____

Are you authorized to work in the United States? Yes _____ No _____

Are you 18 years of age or older? Yes _____ No _____

Have you served in the U.S. Armed Forces? Yes _____ No _____

If yes, Rank _____ Branch _____

If the job you are applying for requires driving a vehicle, do you have a valid driver's license? Yes _____ No _____

If yes, provide your driver's license number: _____

Is your license currently, or has it ever been revoked, suspended or restricted? Yes _____ No _____

If yes, please explain: _____

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____

If yes, state when, where, and the nature of the offense: _____

EMPLOYMENT DESIRED

This application will only be considered for the open position listed and will expire when the open position is filled.

Position applied for: _____ Dept. _____

Applying for? Full Time _____ Part-time _____ Temporary _____ On-Call _____ Seasonal _____

Are you available to work weekends when required by the position you have applied for? Yes _____ No _____

Specify days and hours that you would **NOT** be available to work: _____

Are you currently employed? Yes _____ No _____ Date you are available to start work: _____

List any relatives currently employed by the County of Barry: _____

EMPLOYMENT HISTORY

Please give an accurate, complete full-time and part-time employment record. Start with present or most recent employer, and go back a minimum of ten (10) years. Do not omit any employment during that time. Additional sheets if necessary. **Answer each question completely and accurately. "See Resume" is not acceptable.**

Name and address of employer	Employment dates	Pay rate	Job responsibilities
	From: / /	To start \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.	May we contact your current employer for a reference prior to a job offer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position held/Job Title: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	To: / /	Upon leaving \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.	
Supervisor's Name & Title	Work Telephone		
			Reason for leaving (Please explain) <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary
Name and address of employer	Employment dates	Pay rate	Job responsibilities
	From: / /	To start \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.	May we contact your current employer for a reference prior to a job offer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position held/Job Title: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	To: / /	Upon leaving \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.	
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Supervisor's Name & Title	Work Telephone		
			Reason for leaving (Please explain) <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary

EDUCATION

Name of High School, College, Trade or Technical Schools	City and State	Did You Graduate?	Course of Study/Degree Received/Certifications
High School:		Yes____ No ____ G.E.D. ____	
College, Trade or Tech:		Yes____ No ____	
College, Trade or Tech:		Yes____ No ____	

PROFESSIONAL REFERENCES

List below the names of three persons who have direct knowledge of your skills, experience and fitness for the position of field for which you are applying.

Full Name	Business or Home Address	Occupation	Telephone Number

CERTIFICATION

I understand that if I am offered employment, it is contingent upon satisfactorily passing a physical examination and/or drug test prior to placement in the position for which I have applied. I also understand that all information in this application may be checked and I hereby authorize any schools which I have attended, current and previous employers and organizations named in this application to provide Barry County with any information that may be requested to make an employment decision. I further authorize Barry County to conduct any other investigations of the information contained herein. I hereby specifically waive written notice from any and all former employers regarding their disclosure to Barry County and any information, including disciplinary action. I understand that any omission or misrepresentation of information may be sufficient cause for rejection of this application or, if employment has commenced, grounds for immediate dismissal. I specifically authorize the Barry County Sheriff Department or other law enforcement agencies to release any records of prior criminal convictions it may have or may obtain from other sources to the County of Barry.

If hired, I promise to notify my immediate supervisor in writing promptly, if any license, registration, certificate, or any other credential required for any job in which I become employed lapses, is suspended, revoked, or placed on probation for any reason. I recognize and agree that failure to provide such notice may result in immediate dismissal.

Furthermore, except with respect to potential grievances under any applicable collective bargaining agreement, I agree that any action or suit against the County arising out of my employment, including but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claim(s) or be forever barred. I waive any limitations to the contrary.

I understand and agree that in the absence of an express written agreement to the contrary executed by the employer, any employment I accept shall be for an indefinite term and shall be terminable at any time, with or without notice or cause, either by me or at the will and sole discretion of the employer.

I have read, or have had read to me, and understand the above statement. I hereby certify that all information contained in this application is true, complete and accurate. **APPLICATIONS WITHOUT SIGNATURES WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Thank you for considering Barry County as a potential employer.

Applicant signature _____ Date _____