

# Employment Application Montmorency County Sheriff's Office

Date of Application \_\_\_\_\_

Position Applied for \_\_\_\_\_

-MCOLES Certified Police Officer    Yes            No

Academy attended \_\_\_\_\_

If currently attending academy \_\_\_\_\_

Academy                      Expected Graduation Date

-Certified Police Officer in another state    Yes            No

If yes, date and state certified \_\_\_\_\_

Date                              State

-MI Certified Corrections Officer            Yes            No

Academy Attended \_\_\_\_\_

If currently attending academy \_\_\_\_\_

Academy                      Expected Graduation Date

-Certified Corrections Officer in another state    Yes            No

If yes, date and state certified \_\_\_\_\_

Date                              State

## Current Personal Data

Name \_\_\_\_\_

Last                              First                              Middle

Drivers License # \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Street                              City                              State                              Zip Code

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Current Employer or Current School

\_\_\_\_\_

Address of Employer or School

\_\_\_\_\_

Telephone Number \_\_\_\_\_

Dates of Current Employment \_\_\_\_\_ - \_\_\_\_\_

Are you a U.S. citizen? Yes or No, Date of citizenship

\_\_\_\_\_

Do you personally know any employees of the Montmorency County Sheriff? If so, who?

\_\_\_\_\_

\_\_\_\_\_

# Educational Background

1. Last High School Attended:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Dates Attended \_\_\_\_\_ G.P.A. \_\_\_\_\_  
Diploma Yes No GED Yes No

2. College/University Attended:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Dates Attended \_\_\_\_\_ G.P.A. \_\_\_\_\_  
Degree Obtained \_\_\_\_\_

3. College/University Attended:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Dates Attended \_\_\_\_\_ G.P.A. \_\_\_\_\_  
Degree Obtained \_\_\_\_\_

4. College/University Attended:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Dates Attended \_\_\_\_\_ G.P.A. \_\_\_\_\_  
Degree Obtained \_\_\_\_\_

5. College/University Attended:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Dates Attended \_\_\_\_\_ G.P.A. \_\_\_\_\_  
Degree Obtained \_\_\_\_\_

## Employment History

Chronological history of all employment starting with present/most recent employer. Account for all periods including casual employment. Include all periods of unemployment and state what you did during these periods. Note: Employers, supervisors and co-workers may be interviewed by an investigator. Employment discharge or disciplinary action does not mean you cannot be appointed for the position in which you applied.

1. Employer's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Dates of Employment/Unemployed From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Position/Title \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_  
May we contact? Yes No

Salary \_\_\_\_\_

Description/  
Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for  
Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Employer's  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Dates of Employment/Unemployment From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Position/Title \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_  
May we contact? Yes No

Salary \_\_\_\_\_

Description/Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for  
Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Employment History (cont)

3. Employers Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Dates of Employment/Unemployment From: \_\_\_\_\_ To: \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_  
May we contact? Yes No  
Salary \_\_\_\_\_  
Description/  
Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for  
Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Employers Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Dates of Employment/Unemployment From: \_\_\_\_\_ To: \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_  
May we contact? Yes No  
Salary \_\_\_\_\_  
Description/Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant's Statement**

I understand that this application is not a contract of employment. I understand that Federal Law prohibits the employment of unauthorized persons; any offer of employment is contingent upon my ability to provide the required documentation within the time period required by law. I understand that the County of Montmorency will confirm my work and personal history and verify data provided on this application, related papers and in interviews. I authorize all individuals, schools and organizations named herein (except my current employer if so noted) to provide any information requested and I release them from all liability for damage in providing this information. I understand that as a condition of employment I will be required to undergo and successfully pass a drug screen. I understand it is the Sheriff's policy to secure criminal conviction history information. I understand that all information is true and complete. I understand any falsifications, omissions or misrepresentations shall be sufficient cause for refusal of employment or dismissal regardless of the time elapsed before discovery. I agree that any lawsuit against the County of Montmorency, its agents, officials and employees, arising out of my employment or termination of employment, including but not limited to federal or state civil rights claims, must be filed within 9 months of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

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Name Printed

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Date & Signature

**MONTMORENCY COUNTY SHERIFF'S OFFICE**

11045 M-32  
ATLANTA MI, 49709  
(989) 785-4238

Personal Inquiry Waiver and Authority for Release of Information

Applicant's Name: \_\_\_\_\_

Date/Place of Birth: \_\_\_\_\_

**Applicant Authorization Consent for Release of Information  
Please Read Carefully**

We welcome your application with the MONTMORENCY COUNTY SHERIFF'S OFFICE. We require, as a condition of employment, that all applicants consent to and authorize a pre-employment verification of the background information submitted on their application, assessment questionnaire, and personal background questionnaire. This release and authorization acknowledge that the MONTMORENCY COUNTY SHERIFF'S OFFICE may now or at any time while you are employed, conduct a verification of your education, personal references, motor vehicle records and to receive any criminal history record information pertaining to you which may be in the files of any Federal, State or local criminal justice agency in Michigan or any OTHER state and/or other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment eligibility under the Department's employment policies. All results will be proprietary and will be kept confidential. I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I have read and understand the release and consent and I authorize the background verification. I authorize all individuals, school, current and former employers, financial or credit institutions and other organizations and agencies to provide the MONTMORENCY COUNTY SHERIFF'S OFFICE with all information requested and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that a copy of this document is as valid as the original. I do hereby agree to forever release and discharge the MONTMORENCY COUNTY SHERIFF'S OFFICE and their associates to full extent permitted by law from any claims, damages, losses and expenses or another charge or complaint filed with any agency arising from retrieving and reporting of information and acknowledge notice of right to receive a copy upon written request.

**Personal Inquiry Waiver and Authority for Release of Information**

Signature \_\_\_\_\_