

**VAN BUREN COUNTY  
EMPLOYMENT APPLICATION**

**An Equal Opportunity Employer  
Minority/Female/Handicapped**

**Human Resources Division  
219 E Paw Paw Street Suite 303  
Paw Paw MI 49079**

**Date:** \_\_\_\_\_

**Instructions: Please give complete answers to all questions. Applications will be held in active status (6) months from the date of application. If you need an accommodation, please let us know.**

NAME: Last, First, Middle	Home Phone:	Work Phone:
		Are you 18 years or older?
E-Mail Address:		
ADDRESS:	Position Applying For: (a separate application must be completed for each position you are applying for.)	
How soon available for work?	Name of relatives, other than spouse, working for the County?	
Expecting starting pay?		
From what source did you hear of this position?	Drivers License Number:	
	Number of points?	
Will you accept part-time work? YES NO	Were you previously employed by Van Buren County?	
Will you accept temporary work? YES NO	If yes, dates and where?	

**EDUCATION:**

List name of school, city and state, and grade completed (high school, college or vocational training)

---



---



---

**SKILLS: (Answer those questions that are applicable to position applying for.)**

Typing (Please indicate words per minute): \_\_\_\_\_  
 Shorthand (please indicate words per minute): \_\_\_\_\_  
 Dictaphone (please indicate words per minute): \_\_\_\_\_

Are you knowledgeable of personal computer and their software programs? \_\_\_\_\_  
 If yes, please explain below:

---



---

Other equipment or machinery you can operate (if applicable to position):

**WORK EXPERIENCE**

May we contact your present employer? YES NO

Name of present or last employer:	Address:	
Dates of Employment:	Last Rate of Pay:	Reason for Leaving:
Job Title:	Supervisors Name and Title:	

Description of Duties:

---

---

Name of next previous employer:	Address:	
Dates of Employment:	Last Rate of Pay:	Reason for Leaving:
Job Title:	Supervisors Name and Title:	

Description of Duties:

---

---

Name of next previous employer:	Address:	
Dates of Employment:	Last Rate of Pay:	Reason for Leaving:
Job Title:	Supervisors Name and Title:	

Description of Duties:

---

---

**OTHER:**

**MILITARY SERVICES:**

Branch of Service:	Dates of Active Duty:	Rank at Discharge:
--------------------	-----------------------	--------------------

Description of Work and Responsibilities:

---

---

---

**Have you been convicted of a felony? If yes, please explain.**

**REFERENCES - Other than relatives and former employers:**

Name/Occupation	Address	Phone Number

Medical examinations, in accordance with the Americans With Disabilities Act, Van Buren County may require applicants to undergo a medical examination, including drug testing, after an offer of employment has been made and prior to the commencement of employment duties, and may condition the offer of employment entrance examination.

If you will be driving a county vehicle or regularly driving your own vehicle on county business, a driving-record check will be required prior to employment.

I represent that the answers and information given by me in this application are true and complete without qualifications. I hereby authorize Van Buren County to verify the same and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions and any other third party to give Van Buren County information they have regarding me without receiving written notice from them.

I understand that Van Buren County has the right to refuse to hire or immediately terminate my employment at any time if it discovers that I have provided incomplete, untrue or misleading answers in this application or any other documents or forms at any time during my employment.

I authorize Van Buren County to use any information in its possession concerning me for any purpose it deems appropriate including disclosure of information to any third party without any notification to me of such disclosure and I release Van Buren County from any liability in connection with such use of disclosure.

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

**RELEASE STATEMENT**

I request and authorize the release of all information regarding my employment to Van Buren County, including but not limited to my performance in such employment, attendance, dates of employment and reason for leaving such employment.

I hereby release you and all individuals or persons connected herewith from all liability for providing this information and waive my right to written notice of the release to Van Buren County of any relevant information that may be contained in my personnel file.

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

**OPTIONAL INFORMATION**

**The following information is valuable for complying with various governmental reporting requirements. This information will not be used as part of the selection process and will not be provided to the hiring department.**

DATE OF BIRTH: \_\_\_\_\_

SEX: \_\_\_\_\_ MALE  
\_\_\_\_\_ FEMALE

WHITE: \_\_\_\_\_

ASIAN OR PACIFIC ISLANDER: \_\_\_\_\_

HISPANIC: \_\_\_\_\_

AMERICAN INDIAN: \_\_\_\_\_

BLACK: \_\_\_\_\_

ALASKAN NATIVE: \_\_\_\_\_

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

MULTI-RACIAL: \_\_\_\_\_