



**ROSCOMMON COUNTY**  
**Sheriff's Office**

**111 South Second Street**  
**Roscommon, Michigan, 48653**  
**Phone (989)-275-5101**

**Edward Stern**  
**Sheriff**

**APPLICATION**  
**FOR EMPLOYMENT**

**(PLEASE PRINT PLAINLY)**

**Note: If you feel that your civil rights would be violated by answering a question on this form, please omit the answer to that question.)**  
***"We are an equal opportunity employer"***

**This application will be kept current for six months. You need to complete another to be reconsidered after this date.**

**I. Applicant Information:**

**Date of Application:** \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip

Day Time Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

1) Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ( Proof of citizenship or immigration status shall be requested upon employment)  Yes  No

2) Are you under 18 years of age? ( If yes attach work permit )  Yes  No

3) Position Applying for: : \_\_\_\_\_

Full Time  Part time  Temporary

4) The position you are applying for requires you to possess a valid Driver's / Operators License.  
Do you have a current driver's license?  Yes  No

5) Have you ever had your driver's license revoked or suspended  Yes  No

If yes, explain: \_\_\_\_\_

6) Have you been cited, been convicted of, plead guilty or no contest to a moving motor vehicle violation within the last 18 months?  Yes  No

If yes, explain: \_\_\_\_\_

7) Were you previously employed by us?  Yes  No

If yes, when and what county department ? \_\_\_\_\_

**8)\* The position you are applying for requires you to work nights, weekends, holidays, 10, 12, & 16 hour shifts.**  
**Are you willing and able to work nights, weekends, holidays, 10 hour, 12 hour or 16 hour shifts?  Yes  No**

9) What date will you be available to begin work if hired ? \_\_\_\_\_

## II. U.S. ARMED FORCES HISTORY / EXPERIENCE

Have you had any experience in the Armed Forces of the United States of America or in the State National Guard which is directly related to the position which you are applying for:  No  Yes Branch of Service \_\_\_\_\_

Service Dates From \_\_\_\_\_ To \_\_\_\_\_ Date of Discharge \_\_\_\_\_ Rank: \_\_\_\_\_

Were you honorably discharged  Yes  No

*Note: A dishonorable discharge from the military will not necessarily be a bar to employment*

## III. RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did you Graduate?	List Diploma or Degree
			1	2	3	4		
High School	_____ _____						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Community College	_____ _____		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
University	_____ _____		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Certification Program	_____ _____						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Related Program	_____ _____						<input type="checkbox"/> Yes <input type="checkbox"/> No	

## IV. LIST ALL CERTIFICATIONS AND LICENSES YOU HAVE APPLICABLE TO POSITION

Certification / License	State	Certification /License #	Date Received	Date Expires
1.				
2.				
3.				
4.				
5.				

### TYPING EXPERIENCE (minimum standard required is 40 wpm)

Please Provide Typing (estimated if necessary) Speed (words per minute): \_\_\_\_\_

**V. EMPLOYMENT EXPERIENCE / WORK HISTORY**

Start with your present or your last employer. If you need more space, use an extra sheet of paper. If summer or part-time work, please indicate. If you were employed under another name, please indicate that name by the employer.

May we request a reference from your present employer(s)?  Yes  No

I	Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Job duties performed:							
	Telephone:								

II	Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Job duties performed:							
	Telephone:								

III	Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Job duties performed:							
	Telephone:								

IV	Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Job duties performed:							
	Telephone:								

Indicate by number \_\_\_\_\_ Any of the above employers whom you **do not wish** us to contact? \_\_\_\_\_

1) Is this a complete list of your employment?  Yes  No If no, explain \_\_\_\_\_

2) Have you ever been, fired, dismissed, asked to resign, resigned by mutual agreement or otherwise terminated from any employment?  Yes  No  
If yes, explain \_\_\_\_\_

3) Indicate the number of time(s) you were late to work in the last 12 months. \_\_\_\_\_ Explain in detail.

4) Are we granted permission to check all information?  Yes  No

**VI. PERSONAL REFERENCES (Not Former Employers or Relatives)**

Name and Occupation	Address	Phone Number

1) Have you ever been convicted of, or pled "No Contest" or "Guilty" to a crime (Misdemeanor or Felony)?  Yes  No  
If yes, explain: \_\_\_\_\_

2) Are you currently under indictment, arraignment or charged with a felony?  Yes  No  
If yes, explain: \_\_\_\_\_

*Note: A conviction record will not necessarily be a bar to employment, and factors such as the applicant's age at the time of the offense, the age of the offense, and the nature and seriousness of the violation will be taken into account.*

4) Have you ever been known by or worked by any other name?  Yes  No  
If yes, list all names used in the past:  
\_\_\_\_\_  
\_\_\_\_\_

5) List any offices of leadership (elected or appointed ) which you have held. Provide titles and dates.

6) Are you a member of a professional or trade group that is related to our industry?  Yes  No  
If yes, please provide the organization name(s): \_\_\_\_\_

7) Have you received a Job Position Description for the position you are applying for:  Yes  No

8) Do you understand the position description, job requirements and duties for this position?  Yes  No  
If no, describe job area where you need further clarification. \_\_\_\_\_  
\_\_\_\_\_

9) Is there anything that you believe would disqualify you from employment or hinder you in the performance of the position duties and requirements with or without accommodations?  Yes  No

**VII. AGREEMENT AND UNDERSTANDING**

I certify that the information in this application (and accompanying resume, if any) is true, complete and correct to the best of my knowledge and understand that falsification, misleading, misrepresentation or omission of any information submitted in connection with my application or interview, whether in this document or not, may result in rejection of my application or, if hired, in dismissal no matter when discovered by the County.

I waive written notice from my current employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel records (even if more than four years old). This waiver is made pursuant to the Bullard-Plawecki Employee Right to Know Act.

I authorize the references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and an pertinent information they may have even if more than four years old and release all parties from any liability for any damages that may result from furnishing same to you.

I understand that any employment offer is conditional upon result of the drug screening test, the post offer pre-employment physical ability/agility test, pre-employment medical examination and back ground investigation.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note: This application will be kept current for six months. You need to complete another to be reconsidered after this date.**

**IIX. APPLICANT SELF SCREENING SECTION:**

1. You will be placed on various shifts during your probationary period in order to accommodate training needs. Is this acceptable?  Yes  No
2. You will be scheduled to work various shifts that will include working weekends, holidays, different shifts from day to day. Is this acceptable?  Yes  No
3. Are you willing to accept last minute changes in your work schedule that might require you to cancel personal plans?  Yes  No
4. Are you willing to sign up for overtime shifts?  Yes  No
5. You may be ordered to work overtime to cover for someone who calls in sick.  
Is this acceptable ?  Yes  No
6. On occasion, you may be subjected to profane language on the phone or in person.  
Are you able to deal with it unemotionally and professionally?  Yes  No
7. Because you are working 8 hour, 10 hour, 12 hour, shifts with paid breaks and lunch periods, there may be time when you are required to delay lunch and coffee breaks due to shift activity.  Yes  No
8. Are you able to deal calmly with angry or upset people when the problem is not your fault?  Yes  No
9. Are you willing to work under constant electronic surveillance that records all radio, and telephone calls, as well as closed circuit television?  Yes  No
10. Are you willing to wear a uniform?  Yes  No
11. Are you able to handle constant interruptions?  Yes  No

**IF YOU ANSWERED "NO" TO ANY OF THE ABOVE QUESTIONS,  
PLEASE RECONSIDER CONTINUING WITH THE APPLICATION PROCESS**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date