

LAKE COUNTY SHERIFF'S OFFICE

APPLICATION FOR EMPLOYMENT

The Lake County Sheriff's Department is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected category.

YOU MUST ANSWER ALL QUESTIONS COMPLETELY AND TRUTHFULLY. FAILURE TO DO SO WILL RESULT IN REJECTION OF YOUR APPLICATION (YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT), OR, IF NOT DISCOVERED UNTIL A LATER DATE, MAY RESULT IN DISCIPLINE OR DISCHARGE FROM EMPLOYMENT.

Position(s) Applied for: _____

Name

Last First Middle

Address

Street City State Zip Code

Telephone _____

Are you a relative by birth or marriage to any Lake County Sheriff's Department elected official or full-time management employee? Yes No

If Yes: _____

Name	Relationship
Are you under 18 years of age? (If yes, attach work permit)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently working?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you on lay-off?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, are you subject to recall?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you submit to a drug screening test?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been employee by the Lake County Sheriff's Department?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If Yes: _____

Position	Department	Date
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? <small>(Proof of citizenship or immigration status upon employment)</small>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been fired?		Yes <input type="checkbox"/> No <input type="checkbox"/>

If Yes, give date, where you worked and explanation: _____

Have you ever been convicted of a felony?
If Yes, completely describe including location and date:

Yes ___ No ___

NOTE: A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation, and rehabilitation will be considered.

Are you capable of performing with or without reasonable accommodation (special assistance, equipment or other help), the activities involved in the job or occupation for which you have applied? Yes ___ No ___

Describe how you would perform the job functions involved in the job or occupation for which you have applied, to the best of your ability.

EDUCATION

	High School	Vocational/ Technical	College	Graduate
School Name, City/State				
Did you graduate? (If not, number of credit hours completed)	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Degree/Certificate				
Major/Minor				

Describe any specialized training, apprenticeships, internships, skills, licenses, certificates, and extra-curricular activities that pertain to the position(s) for which you are applying.

List professional, trade, business group memberships and offices held and volunteer work excluding groups that name and character of which indicate race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected class:

REFERENCES

(Do not include relatives or former employers):

Name	Address	Telephone

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States of America or in a State National Guard which is directly related to the position which you are applying for? Yes ___ No ___

If Yes, what branch? _____ Rank at discharge _____

Date of discharge _____ Were you honorably discharged? Yes ___ No ___

EMPLOYMENT HISTORY

NOTE: A dishonorable discharge from the military will not necessarily be a bar to employment.			
Employer	Dates		Work Performed
	Dec.	Present	
Address			
Telephone	Hourly Rate/Salary		
Job Title:			
Supervisor			
Reason(s) for Leaving			

Employer	Dates		Work Performed
	From	To	
Address			
Telephone	Hourly Rate/Salary		
Job Title	Start	Final	
Supervisor			
Reason(s) for Leaving			

Employer	Dates		Work Performed
	From	To	
Address			
Telephone	Hourly Rate/Salary		
Job Title	Start	Final	
Supervisor			
Reason(s) for Leaving			

Employer	Dates		Work Performed
	From	To	
Address			

I authorize the Lake County Sheriff's Department to perform a background investigation through use of a computerized criminal history (CCH) or any other method deemed appropriate.

Signature _____

Date _____

Driver's License # _____

AGREEMENT AND UNDERSTANDING

- 1 I certify that the information in this application 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.

Signature _____

Date _____

- 2 I waive written notice from my current employer and from any of my former employers regarding the disclosure of disciplinary reports, letters or 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.

Signature _____

Date _____

- 3 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 any 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.

Signature _____

Date _____

4. I understand that any employment offer is conditional upon the result of the drug screening test and the post offer pre-employment medical examination, and background investigation (when applicable based on the position sought).

Signature _____

Date _____

5. I understand that any and all information, documents, records and any sources of the aforementioned, obtained by this department during my background investigation, are exempt for disclosure under the Freedom of Information Act (Act 442 of 1976, Section 15.243 (1) (b) (v)).

Signature _____

Date _____

AGREEMENT AND UNDERSTANDING

APPLICANTS FOR UNION POSITIONS READ AND SIGN PARAGRAPH 1(B). DO NOT SIGN PARAGRAPH 1(A).

APPLICANTS FOR NON-UNION POSITIONS READ AND SIGN PARAGRAPH 1(A). DO NOT SIGN PARAGRAPH 1(B).

1(A). In consideration of my employment, I agree to conform to the rules and regulations of the Lake County Sheriff's Department, as they may be amended or changed from time to time, and I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either the Sheriff's Department or myself. I understand that no officer or representative of the Lake County Sheriff's Department has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the Sheriff and any such agreement must be made in writing, directed to me personally. I further acknowledge that no one has made any representation or statements to the contrary to the County's employment at-will policy or about the County's economic outlook or stability to me, either oral or in writing, and I acknowledge and understand that no one has the authority to make such representations or statement to the contrary in the future.

Signature _____ Date _____

1(B). In consideration of my employment, I agree to the rules and regulations of the Lake County Sheriff's Department. I further acknowledge I will be on probationary status for a minimum of 365 days from my date of hire. As a probationary employee, I am required to work for 365 days without any interruptions. As a probationary employee, I understand my employment and compensation can be terminated at any time with or without cause and with or without notice at the option of either the Sheriff Department or myself. I understand that no officer or representative of the Lake County Sheriff's Department has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the Sheriff of the Lake County Sheriff's Department and any such agreement must be made in a signed writing directed to me personally.

I further understand that after my probationary period ends, I will be subject to the terms and conditions of the collective bargaining agreement between the Lake County Sheriff's Department and Police Officers Association of Michigan.

Signature _____ Date _____

2. I agree that any lawsuit against the County arising out of my employment or termination of employment, including but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within six months of the event giving rise to claims or be forever barred. I waive any limitations period to the contrary.

Signature _____ Date _____

3. I authorize the Lake Country Sheriff's Department to release any information (even if more than four years old) relating in any way to my employment including disciplinary reports, letters or reprimand or other notices of disciplinary action when such information is requested by any prospective or subsequent employers without any obligation (by them or you) to give me any notice of such disclosure.

Signature _____ Date _____

I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF EACH OF THE ABOVE THREE (3) INDIVIDUAL STATEMENTS, AS INDICATED ABOVE.

Signature _____ Date _____