



**EMPLOYMENT HISTORY:** Beginning with your present or most recent employment (1), please list your last four jobs.

(1) Employing Firm \_\_\_\_\_ From \_\_\_\_\_  
City & State \_\_\_\_\_ To \_\_\_\_\_  
Your Title \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_  
Specific duties \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
\_\_\_\_\_  
Supv. Name: \_\_\_\_\_  
\_\_\_\_\_  
Supv. Contact Info: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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(2) Employing Firm \_\_\_\_\_ From \_\_\_\_\_  
City & State \_\_\_\_\_ To \_\_\_\_\_  
Your Title \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_  
Specific duties \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
\_\_\_\_\_  
Supv. Name: \_\_\_\_\_  
\_\_\_\_\_  
Supv. Contact Info: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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(3) Employing Firm \_\_\_\_\_ From \_\_\_\_\_  
City & State \_\_\_\_\_ To \_\_\_\_\_  
Your Title \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_  
Specific duties \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
\_\_\_\_\_  
Supv. Name: \_\_\_\_\_  
\_\_\_\_\_  
Supv. Contact Info: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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(4) Employing Firm \_\_\_\_\_ From \_\_\_\_\_  
City & State \_\_\_\_\_ To \_\_\_\_\_  
Your Title \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_  
Specific duties \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
\_\_\_\_\_  
Supv. Name: \_\_\_\_\_  
\_\_\_\_\_  
Supv. Contact Info: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**NON-PAID VOLUNTARY EXPERIENCE AND MILITARY SERVICE**

Employing Firm	Address	From	To	Job Title	Duties
1.					
2.					
3.					

In addition to the experience and training listed, please give any reason why you feel you would be successful in the position for which you are applying. (Attach additional sheets if necessary.)

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**PERSONAL DATA**

Are you 18 years of age or older?    Yes            No

Were you previously employed by Saginaw County?    Yes            No

If yes, when? \_\_\_\_\_

Name and telephone number of person to be notified in case of accident or emergency. \_\_\_\_\_

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Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation?    Yes            No

If you are now employed, may we contact your present employer in regards to your qualifications? \_\_\_\_\_

If yes, Contact Information: \_\_\_\_\_

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

Name & Occupation	Address	Phone Number

- (1) I hereby authorize Saginaw County to contact my former employers, educational institutions, and personal references for the purpose of verifying my suitability for employment.
- (2) I understand that I must satisfactorily complete a physical examination (which may include drug testing) as arranged by the County.
- (3) I hereby authorize the County to verify my driving record if the position for which I am applying requires the use of a motor vehicle.
- (4) I understand that new employees must complete a six-month probationary period before the appointment is considered regular. Probationary employees may be discharged without access to any appeal procedure.
- (5) I certify that I can and will, upon request, substantiate all statements made by me on this application; that such statements are true and correct to the best of my knowledge and belief.
- (6) I also understand that a false statement or dishonest answer to any question may be grounds for cancellation of my application, removal from the eligible list or my dismissal after appointment.

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

## HUMAN RESOURCES CARD

As Equal Employment Opportunity Employers, the following information is being gathered by Saginaw County to analyze the effectiveness of our recruitment effort in addition to federal and state EEO reporting requirements. This data will not be used in the selection process or be a part of the application process. Your cooperation in **voluntarily** giving this information is appreciated.

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

Please select the appropriate, category that applies to you:

**SEX:**

- |        |   |
|--------|---|
| Male   | White                                     |
| Female | Black or African American                 |
|        | American Indian, Alaskan Native           |
|        | Asian                                     |
|        | Hispanic or Latino                        |
|        | Native Hawaiian or Other Pacific Islander |
|        | Two or more races                         |

Are you a **frkcdrgf** individual? YES NO

What position did you apply for? \_\_\_\_\_

How did this position come to your attention? \_\_\_\_\_

\*According to the EEOC, a person can show that he or she has a disability in one of three ways: A person may be disabled if he or she has a physical or mental condition that substantially limits a major life activity (such as walking, talking, seeing, hearing, or learning); A person may be disabled if he or she has a history of a disability (such as cancer that is in remission); A person may be disabled if he or she is believed to have a physical or mental impairment that is not transitory (lasting or expected to last six months or less) and minor (even if he or she does not have such an impairment).