

# Application For Employment

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Barry County Central Dispatch  
2600 Nashville Road  
Hastings, Michigan 49058  
(269) 948-4825

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:	Date of Application:
Part Time: ___ Full Time: ___	Minimum Salary Acceptable: \$
Have you previously worked for Barry County? ___ Yes ___ No If yes, what Department:	Date available to begin work: When:

Name: (Last, First, Middle)			
Street Address:			
City, State, Zip:			
Home Phone #: ( )	Work Phone #: ( )	Social Security #:	Driver's License #:
Do you possess a trade or professional license or certification: (Law Enforcement Officer, Corrections Officer, Electrician, Plumber, etc.) ___ Yes ___ No			
License/Certifications:		State:	Expiration:

If you are under 18 years of age, can you provide proof of your eligibility to work? \_\_\_ Yes \_\_\_ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? \_\_\_ Yes \_\_\_ No

Are you currently employed? \_\_\_ Yes \_\_\_ No

Are you currently on "lay-off" status and subject to recall? \_\_\_ Yes \_\_\_ No

May we contact your present employer? \_\_\_ Yes \_\_\_ No

Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No

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

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**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# Education

Name & Address	Years Completed				Diploma/Degree Major/Minor
	5	6	7	8	
Elementary:					
High School:	9	10	11	12	
College:	1	2	3	4	
Graduate/Other:	1	2	3	4	
List any other training or qualifications you feel are important:					
List any honors or memberships you feel are important:					

# Skills

Typing : ____Yes ____No Wpm:	Shorthand: ____Yes ____No Wpm:	Data Entry: ____Yes ____No Wpm:
Dictaphone: ____Yes ____No	Copier: ____Yes ____No	Word Processor: ____Yes ____No
Telephone: ____Yes ____No	Fax: ____Yes ____No	Calculator: ____Yes ____No
Switchboard: ____Yes ____No	Filing: ____Yes ____No	Postage Meter: ____Yes ____No
Bookkeeping experience: (Where and when)		
Computer Software: (ex: WordPerfect/Lotus)		
List any other office machines you operate or any special skills you possess:		

Do you have a valid Michigan driver's license?  Yes  No

Do you have dependable transportation in which to get to work?  Yes  No

Have you ever had any job-related training in the U.S. Military?  Yes  No

If yes, please describe: \_\_\_\_\_

# Employment Experience

List your work experience including any self-employment, military service assignments and volunteer work within the past five years. Describe the kind of work you did and the number and type of employees you supervised, if any. Include reasons for any periods of unemployment. You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employment Information	History	Duties/Description
Employer:	From:	
Street Address:	To:	
City, State, Zip:	Part Time: _____	
Phone #: (     )     )	Full Time: _____	
Supervisor:	Salary: \$	
Reason for Leaving:	Title:	

Employer:	From:	
Street Address:	To:	
City, State, Zip:	Part Time: _____	
Phone #: (     )     )	Full Time: _____	
Supervisor:	Salary: \$	
Reason for Leaving :	Title:	

Employer:	From:	
Street Address:	To:	
City, State, Zip:	Part Time: _____	
Phone #: (     )     )	Full Time: _____	
Supervisor:	Salary: \$	
Reason for Leaving:	Title:	

## Special Job Related Skills

Summarize special job-related skills and qualifications acquired from employment or other experience:

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# Employment Data Record

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Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an *Affirmative Action Program*, we comply with government regulations, including *Affirmative Action* responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports may be made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. **Please note: YOUR COOPERATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

## Voluntary Survey

DATE \_\_\_\_\_

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action Program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Name			
Address			
City	State	Zip	
Social Security Number			

Position Applied For \_\_\_\_\_

Check one:

\_\_\_\_\_ Male \_\_\_\_\_ Female

Check one of the following: (ethnic origin)

\_\_\_\_\_ White \_\_\_\_\_ Hispanic \_\_\_\_\_ American Indian/Alaskan Native

\_\_\_\_\_ Black \_\_\_\_\_ Other \_\_\_\_\_ Asian/Pacific Islander

Check if any of the following are applicable:

\_\_\_\_\_ Vietnam Veteran \_\_\_\_\_ Disabled Veteran

\_\_\_\_\_ Handicapped Individual