

MIDLAND COUNTY CENTRAL DISPATCH AUTHORITY

APPLICATION FOR EMPLOYMENT

Please answer **ALL** questions and return to:
Midland County Central Dispatch Authority
2727 Rodd St, Midland, Michigan 48640
(989) 839-6464

Have you previously applied for any positions at
Midland County Central Dispatch Authority?

Yes No

If Yes, Which position? _____

When? _____

NOTE: MUST BE COMPLETED & SIGNED

PERSONAL INFORMATION

NAME: _____ SOCIAL SECURITY NUMBER: _____
Last First Middle

PRESENT ADDRESS: _____
Street City State Zip

MAILING ADDRESS: _____
Street City State Zip

EMAIL ADDRESS: _____

PHONE: _____

Are you 18 years of age or older? Yes No

If no, can you furnish a work permit? Yes No

Other last names used while working, if any: _____

Are you a U.S. citizen? Yes No If no, specify type of entry document: _____

Also, specify type of employment authorization and expiration date: _____

Have you ever been convicted of a felony? Yes No If yes, please explain: _____

Have you ever served in active U.S. Military Service more than 180 days? Yes No

Dates of service: To _____ From _____

Do you have a reliable means of transportation to enable you to get to work in a timely manner? Yes No

Do you have a driver's license? Yes No Driver's license: _____

Number

State

EMPLOYMENT DESIRED

Position Applying for _____ Part-Time _____

Hours Available _____ Number of Months _____ Full-Time _____

Temporary _____

Casual _____

Annual Salary Requirements _____

Date Available for Employment _____

If currently employed, termination notice
you must give to present employer _____

How did you become aware of this position?

Newspaper (name) _____

Walk-In _____

Friend _____

Other (please specify) _____

I hereby represent that all information now or hereafter given by me in support of my application for employment is true and complete. I hereby authorize investigation of all statements contained in this application and full disclosure of my present and prior employment record, education and credit history. I grant permission to the Midland County Central Dispatch Authority to obtain employment, education and credit history information concerning my general reputation, character, conduct and work quality, and authorize any person or organization contacted to furnish information and opinions concerning any and all such matters whether same is a matter of record or not, including a personal evaluation of my honesty, reliability, carefulness and ability to take orders from my superiors. I understand that this may include a record of disciplinary action assessed by previous employers. I hereby release the Midland County Central Dispatch Authority and any person or organization from any and all liability which may result in furnishing such information or opinion, and from any other liability whatsoever as a result of such inquiries and disclosures. I hereby release Midland County Central Dispatch Authority, and any person, organization or prior employer from obligation to provide me with written notification of such disclosure. I understand that employment is contingent upon this investigation and, if hired, any misrepresentation, omission or falsification of facts called for on this application shall be considered sufficient cause for my dismissal without notice at any time during my employment. I understand and agree that if, in the opinion of the Midland County Central Dispatch Authority, the results of the investigation are unsatisfactory, that an offer of employment that has been made may be withdrawn or my employment with the Midland County Central Dispatch Authority may be terminated.

I further understand that the Midland County Central Dispatch Authority may require a medical examination by an Authority-designated physician (1) after I have received an offer of employment and prior to my commencement of employment duties; and, (2) during the course of my employment as required by business necessity and for job-related purposes. I hereby consent to such examinations and recognize that employment is contingent upon receipt of a satisfactory medical evaluation. I further understand and agree that prior to commencing employment or after I am employed, I may be requested to submit to tests to determine the presence of alcohol, narcotics or illegal drugs, and agree to the release of any such test results to appropriate Authority personnel, and agree that if I refuse and/or fail such tests before commencing employment, my offer of employment will be revoked, or if I refuse and/or fail such tests after being employed, my employment will be terminated.

I agree that this application is not an offer of employment. I agree that if I am employed by the Midland County Central Dispatch Authority (1) that my contract of employment is at-will and may be terminated at any time, with or without notice and with or without cause at the option of either the Midland County Central Dispatch Authority or myself; (2) that I will receive wages and benefits and be subject to rules and regulations and that such wages, benefits, rules and regulations are subject to change by the Midland County Central Dispatch Authority at any time with or without notice to me; (3) that in partial consideration for my employment, I shall not commence any action or other legal proceeding relating to my employment or the termination thereof more than six months after the event complained of and agree to waive any statute of limitations to the contrary; (4) that my assigned work hours may be modified by the Midland County Central Dispatch Authority, and, if required, I will be required to work overtime; (5) that this constitutes the entire agreement between the Midland County Central Dispatch Authority and myself and that any and all prior agreements are null and void; (6) that this agreement cannot be modified in any way by any documents published by the Midland County Central Dispatch Authority or by any oral or written representations made by anyone employed by the Midland County Central Dispatch Authority, either before or after this agreement, except in a written agreement addressed to me individually and by name and signed by both the Chairman of the Administrative Policy Board of the Midland County Central Dispatch Authority and myself.

I have read, understand and agree to the above statements and conditions of employment.

Type or sign your name here

Date