



# Office of the Sheriff

## Charlevoix County

### Charles Vondra, Sheriff

Todd C. Reeves, Undersheriff    Derek Gaylord, Jail Administrator

Sarah M. Kaminski, Office Manager

1000 GRANT ST. CHARLEVOIX, MI 49720

PHONE #: 231-547-4461    OFFICE FAX #: 231-547-6720    JAIL FAX #: 231-237-0442



A MICHIGAN HISTORICAL SITE

## EMPLOYMENT APPLICATION

The County of Charlevoix is an equal opportunity employer and does not discriminate on the basis of age, sex, race, religion, color, national origin, disability, marital status, genetic information, height, weight, or other legally protected status.

If you have a disability that impairs your ability to be considered, interviewed, or tested for a position, please let us know what accommodations you may require.

Please complete the entire application, and sign the Authorization and Understanding on page 4 and the Background Investigation Questionnaire/Release on page 5. If there is not enough space on this form to answer a question fully or to supply complete information, please attach additional pages.

**THIS APPLICATION MUST BE ACCOMPANIED BY A CURRENT RESUME.**

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

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Present Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Are you legally authorized to work in the U.S.?

Yes

No

Please supply any other names you have used: \_\_\_\_\_

Position Applied For:  Deputy Sheriff

Corrections Deputy

Administration

Other \_\_\_\_\_

Position Status:  Full-Time

Part-Time

If Part-Time, please specify days and hours: \_\_\_\_\_

Date available for work: \_\_\_\_\_ Starting wage/salary expected: \_\_\_\_\_

Have you ever applied here before or been employed here before?  Yes  No

If Yes, please specify: \_\_\_\_\_

Are any of your friends or relatives employed in any capacity with the County?

Yes  No If Yes, please specify: \_\_\_\_\_

Are you 18 years old or older?  Yes  No

If No, do you have proof of eligibility to work? \_\_\_\_\_

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

Can you travel if a job requires it?  Yes  No

**EDUCATION**

	NAME AND ADDRESS	NUMBER OF YEARS ATTENDED	COURSE OF STUDY OR DEGREE OBTAINED
<b>HIGH SCHOOL</b>			
<b>COLLEGE</b>			
<b>OTHER</b>			

**Are you presently attending school or do you plan on furthering your education?**

Yes    No   *If so, please specify courses being taken and time commitment:*

**What experiences, training, skills, or qualifications do you feel would especially qualify you for work with our organization?**

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING:**

**Are you able to perform, with or without accommodation, the functions of the job for which you have applied?    Yes    No**

**Have you ever been bonded?**  Yes  No

*If Yes, on what jobs?*

**Have you ever lost your bonded status?**  Yes  No

*If yes, please describe in detail:*

**Have you ever had any bankruptcies, judgements, or liens against you?**  Yes  No

*If yes, please describe in detail:*

**Have you ever been convicted of a crime (including guilty pleas and pleas of no contest), excluding routine traffic offenses?**  Yes  No

*If Yes, please describe in detail:*

ANSWERING "YES" TO THIS QUESTION IS NOT AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

**Are there any felony charges pending against you currently?**  Yes  No

*If Yes, please describe in detail:*

**Do you hold any professional licenses or certifications?**  Yes  No

*If Yes, please describe:*

**Have you ever had a professional license or certification revoked or suspended?**

Yes  No *If Yes, please list and describe in detail:*

**Are you currently under investigation by any agency or department concerning any licensure or certification matter?**  Yes  No

*If Yes, please describe in detail:*

**EMPLOYMENT HISTORY**

**Start with most recent; include your entire employment history and military service; attach additional pages if necessary.**

Company Name, Address, & Telephone Number	Dates of Employment		Position, Duties, & Supervisor	Reason(s) for leaving
	To	From		

Are you currently employed?  Yes  No  
*If yes, may we contact your current employer?*  Yes  No

**PERSONAL REFERENCES**  
*(not former employers or relatives)*

<u>Name and Occupation</u>	<u>Address</u>	<u>Telephone Number</u>

**AUTHORIZATION AND UNDERSTANDING**

I represent that the answers and information given by me in this application are true and complete. I understand that any incomplete, misleading or false statements in this application or in an interview can result in immediate disqualification or termination, if hired.

I authorize the County of Charlevoix to verify the information I have provided and to make any investigation of my background deemed necessary, both at the time of the application and later during my employment, if I am hired. I understand that the types of investigations, which the County of Charlevoix may perform, include reference checks, including personal, employment and educational reference checks, and so forth. I understand that I may have to provide further information to assist in these investigations and I may be fingerprinted. I also authorize third parties (such as former employers, financial institutions, educational institutions) contacted by the County of Charlevoix to furnish any information relevant to my application for employment and I further release all persons and organizations from any and all liability for any and all damages whatsoever for releasing such information. I also waive all written notice from all prior employers related to providing such information.

I have no objection to signing an employee agreement on confidential information. I consent to all medical examinations and drug and alcohol testing, which may be required, both during the selection process and throughout employment, if I am later hired.

I understand and agree that if I am hired, employment is “at will” and that either I or the employer can terminate my employment and compensation, with or without cause, and with or without notice, at any time. I acknowledge that no representations, either oral or written, have been made to me to the contrary and that any pre-existing understandings, which contradict an “at will” status of employment, are canceled. Further, I understand that only the Chairman of the County Board of Commissioners has any authority to enter into an agreement for employment for any fixed period of time, or to make any agreement contrary to the foregoing and that any such agreement must be in writing and signed by the Chairman and me. (The preceding sentence does not apply to political appointees of elected officials who are employed at the discretion of the elected official.)

In consideration of my employment, I agree to conform to all rules and policies. Also, I agree not to begin any action or suit relating to my employment more than six months after the date of the termination of such employment, and I waive any statute of limitations to the contrary.

This application for employment shall be considered active for 30 days. If I wish to be considered for employment after that time period, I understand that I must inquire at that time whether or not applications are being accepted.

My signature below indicates that I have read and understood the above paragraphs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



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## BACKGROUND INVESTIGATION QUESTIONNAIRE/RELEASE

Full Name: \_\_\_\_\_

Previous Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Have you ever been arrested?  Yes  No

*If Yes, please list all:*

Where? \_\_\_\_\_

When? \_\_\_\_\_

What Offense? \_\_\_\_\_

What states have you held a Driver's License in? \_\_\_\_\_

What states have you been issued a traffic citation in? \_\_\_\_\_

I, (signature) \_\_\_\_\_, do hereby authorize the Charlevoix County Sheriff's Office to investigate my criminal and driving records as requested by the Charlevoix County Sheriff's Office to determine my sustainability as a Sheriff's Deputy/Corrections Deputy/Special Deputy/etc. I fully acknowledge that this investigation may result in the gathering of sensitive information which if released to the above stated Office may affect my application process.

Requested by: \_\_\_\_\_

Title: \_\_\_\_\_

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

Date of Request: \_\_\_\_\_