

SANILAC COUNTY SHERIFF'S OFFICE



"SERVICE THROUGH PROFESSIONALISM, RESPECT, INTEGRITY, DEDICATION, AND EXCELLENCE"

APPLICATION FOR EMPLOYMENT

APPLICATION INSTRUCTIONS AND CHECK LIST

- 1.) READ ALL INSTRUCTIONS CAREFULLY
- 2.) THIS DOCUMENT MUST BE TYPED AND/OR HAND WRITTEN LEGIBLY
- 3.) This application must be filled out in detail. Please complete and submit it as soon as possible. You will not be considered for employment until all required documents have been received.
- 4.) If there is not sufficient space on this form for answers, additional pages must be attached. You may also use abbreviations where appropriate i.e. Street=St, Drive=Dr., Apartment=Apt, etc.
- 5.) The application must be completed accurately and honestly. Omissions or falsifications of information submitted may result in rejection of your application.
- 6.) Failure to follow instructions will result in delay and/or rejection of your application.

Full Name:

PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:

- 1.) Copy of Current Resume
- 2.) Supporting and/or supplemental documents relating to: Additional education, training, felony convictions and employment discharge.

COMPLETED APPLICATIONS CAN BE HAND DELIVERED OR MAILED TO THE FOLLOWING:

Sanilac County Sheriff's Office
65 N. Elk Street
Sandusky, Michigan 48471



Scan the QR Code for
more information

CHECKLIST:

- ✓ I have completed the application accurately and honestly
- ✓ I have signed the "Applicant's Statement"
- ✓ I have completed and signed the Pre-Employment investigation Authorization Waiver of Liability
- ✓ I have attached any required supplemental documentation, i.e. education, training, professional, felony convictions, employment discharge, etc.
- ✓ I have attached a copy of my current resume

****BELOW FOR ADMINISTRATIVE USE ONLY****

Date Application Received:	
Received by:	



SANILAC COUNTY SHERIFF'S OFFICE EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.
WE ARE AN EQUAL OPPORTUNITY EMPLOYER

(PLEASE PRINT OR TYPE)

Which position are you applying for?	Date of Application

Full Legal Name (First, Middle, Last, Suffix)				Date of Birth
Address (Number and Street)	City	State	Zip Code	County
Home Telephone Number	Cell Phone Number		Email Address	

If you are under 18 years of age, can you provide required proof of your eligibility to work?	
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Have you ever filed an application with us before?	
	If Yes, Please Provide Date:

Have you ever been employed with us before?	
	If Yes, Please Provide Date:

May we contact your present employer?	
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Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>(Proof of citizenship or immigration status will be required upon employment)</i>	
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On what date would you be available for work?	
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Are you available to work?	
Full-Time	
Part-Time	
Shift Work	
Temporary/Seasonal	

Are you currently on "lay-off" status and subject to recall?	
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Can you travel if a job requires it?	
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Have you ever been convicted of a felony within the last seven (7) years? <i>Note: A conviction will not necessarily disqualify an applicant from employment</i>	
If YES , Please Explain on a separate attached document.	

REFERENCES

First Name	Last Name
Telephone Number	Email Address

First Name	Last Name
Telephone Number	Email Address

First Name	Last Name
Telephone Number	Email Address

EMPLOYMENT EXPERIENCE

Employer	Start Date	End Date
Address (Number, Street)	City	State
Job Title	Hourly Rate/Salary	Reason for Leaving
Work Performed		

Employer	Start Date	End Date
Address (Number, Street)	City	State
Job Title	Hourly Rate/Salary	Reason for Leaving
Work Performed		

Employer	Start Date	End Date
Address (Number, Street)	City	State
Job Title	Hourly Rate/Salary	Reason for Leaving
Work Performed		

***PLEASE LIST ANY ADDITIONAL EMPLOYMENT ON YOUR ATTACHED RESUME**

EDUCATION

Elementary School (School Name and Location)	Grades/Years Completed	Diploma
High School (School Name and Location)	Grades/Years Completed	Diploma
Undergraduate/College/University (School Name and Location)	Grades/Years Completed	Diploma
Graduate / Professional (School Name and Location)	Grades/Years Completed	Diploma
Basic Police Academy or Corrections Academy (School Name and Location)	Date Completed or Expected Completion	M.C.O.L.E.S. / LCOTS
If Michigan Commission on Law Enforcement Standards Certified/Licensed or Certifiable Please provide M.C.O.L.E.S. Number (If known):		

Please attach any other additional Schools/Colleges/Universities or professional training documentation on a separate page.

Please describe specialized training, apprenticeships, skills and extra-curricular activities

Please describe any honors you have received (Attach additional pages if needed)

Please indicate any foreign languages that you can speak fluently

Please list professional, trade, business or civic activities and offices held. Attach additional pages if needed

Have you ever had any job-related training in the United States Military?	
If YES, Please describe	

Are you physically or otherwise unable to perform the duties of the job for which you are applying?	
Have you ever been dismissed from a position that you previously held? If YES, please provide a written explanation on a separate page and attach to this application	
How did you learn about employment with our Agency?	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Sanilac County Sheriff's Office.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the Sanilac County Sheriff's Office.

I authorize the County of Sanilac to contact my references or any other references deemed necessary to ascertain the merits of my candidacy for this position. I authorize references to discuss my application and/or release information concerning me, and agree to hold them, the County and other officials engaged in a background check harmless for providing and/or utilizing any information requested and/or provided.

I also request that my application and interest in the position remain as confidential as possible under the applicable laws of the state. I understand that my candidacy may become a matter of public record when I am presented to the Board of Commissioners. I further understand that elements of my resume maybe available to the public and the news media at such time. However, I request that reasonable effort be taken to maintain the confidentiality of this application and other documents and information which accompany my application for the position for which I am applying.

I hereby affirm that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers and the entries made by me are true, complete and correct to the best of my knowledge and belief. I acknowledge that any misrepresentations, omissions or falsifications might be grounds for dismissal if employed for this position.

X

Signature of Applicant



SANILAC COUNTY SHERIFF'S OFFICE

65 N. Elk Street Sandusky, Michigan 48471
Office: (810) 648-2000 Fax: (810) 648-5162 Emergency: 9-1-1

PRE-EMPLOYMENT INVESTIGATION AUTHORIZATION WAIVER OF LIABILITY

In connection with my application for employment with Sanilac County, Michigan, I understand that I must agree to participate in a pre-employment investigation that may be conducted by Sanilac County or an assigned agency.

I understand that this investigation may make inquiries into my:

- | | |
|---------------------------------------|-----------------------------|
| Criminal History | Civil Claims History |
| Motor Vehicle Driving Record History | Credit History |
| Previous Worker's Compensation Claims | Previous Employment History |
| Personal References | Academic Achievements |
| Professional Licenses | Professional Affiliations |

I understand Sanilac County requires certain additional identifiers to obtain accurate information about me; and I agree to provide the following information to assist in this investigation:

Applicants Full Name (First, Middle, Last)		Date of Birth
Previous Names		
Social Security Number	Driver's License Number	State Issued by

I hereby authorize any person, company, corporation, public or private institution and/or government agency to release my information requested by Sanilac County or by any assigned investigator and to accept any photocopy or facsimile of this document as if it were the original.

I release and hold harmless Sanilac County and its respective employees and agents; and all persons, individuals, companies, corporations, public or private institutions and government agencies from any and all claims that I may have at any time, arising from or relating to the gathering, reporting, documenting or providing of any information in relation to this pre-employment investigation.

I authorize Sanilac County or any assigned agency to provide the result of this pre-employment investigation to the hiring entity and understand that all information gathered, reported, documented and provided to Sanilac County will remain the sole property of said County and will **not** be released to me.

I have read and understand this document. By affixing my signature below, I hereby authorize Sanilac County to conduct a pre-employment investigation subject to the above terms and conditions.

Date

X

Signature of Applicant