

# Ottawa County Central Dispatch

15 N. 6th

Grand Haven, MI 49417

(616) 842-2299 • (616) 842-4915

# APPLICATION FOR EMPLOYMENT

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other status protected by law. We are an Equal Opportunity Employer.

## PERSONAL

(Please Print)

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

Name: \_\_\_\_\_  
Last First Middle Soc. Sec. # \_\_\_\_\_

Street Address: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_  
Business Phone: ( ) \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Who referred you to OCCD?  Advertisement  Private Employment Agency  Friend  Relative  
 Gov't. Employment Agency  Walk-in  Other \_\_\_\_\_

Are you of legal age to work?  Yes  No. If NO, a work permit will be required.

To the best of your knowledge, are you legally eligible to work in the United States?  Yes  No.  
(Should you be hired, you will be required by law to provide documents verifying your employment eligibility).

Date you are available to start work: \_\_\_\_/\_\_\_\_/\_\_\_\_. Salary or wages desired: \$ \_\_\_\_\_  Hr.  Wk.

What type of employment are you applying for?  Full Time  Part Time  Night  Shift  Temporary  
If you are applying for Part Time, Night, Shift or Temporary employment, please specify days and hours you are available:

Mon.: \_\_\_\_\_  AM to \_\_\_\_\_  PM  Tues.: \_\_\_\_\_  AM to \_\_\_\_\_  PM  Wed.: \_\_\_\_\_  AM to \_\_\_\_\_  PM

Thurs.: \_\_\_\_\_  AM to \_\_\_\_\_  PM  Fri.: \_\_\_\_\_  AM to \_\_\_\_\_  PM  Sat.: \_\_\_\_\_  AM to \_\_\_\_\_  PM

Sun.: \_\_\_\_\_  AM to \_\_\_\_\_  PM NOTE: Every consideration will be given to work availability information provided by an applicant; however, there is no guarantee the Company can offer employment that accomodates applicants' availability to work.

Have you ever applied for work here before?  Yes  No. If YES, enter date here: \_\_\_\_/\_\_\_\_/\_\_\_\_.

Were you ever employed by us before?  Yes  No. If YES, enter date here: \_\_\_\_/\_\_\_\_/\_\_\_\_.

If you are applying for Full Time employment, can you work overtime if necessary?  Yes  No

Are you employed at the present time?  Yes  No. If YES, can we contact your present employer?  Yes  No.

Do you have any relatives now employed by OCCD?  Yes  No. If YES, please list names(s) and department:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been bonded in prior employment?  Yes  No. If YES, list name(s) of employer(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime (excluding misdemeanors and traffic offenses)?  Yes  No.  
If YES, list convictions: (a conviction does not necessarily disqualify an applicant for the position being applied for).  
\_\_\_\_\_  
\_\_\_\_\_



**PRIOR EMPLOYMENT**

(Start with most recent employer)

Employer:	Phone: ( )	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	
Employer:	Phone: ( )	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	
Employer:	Phone: ( )	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	
Employer:	Phone: ( )	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	

**MILITARY SERVICE**

Were you a member of the U.S. Armed Forces?  Yes  No Branch \_\_\_\_\_

Describe briefly your military duties: \_\_\_\_\_

\_\_\_\_\_, Years served: \_\_\_\_\_, Rank at discharge: \_\_\_\_\_

**PERSONAL REFERENCES**

List three personal references. (exclude relatives or former employers).

NAME	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

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## EDUCATION

### HIGH SCHOOL

Name \_\_\_\_\_

Location \_\_\_\_\_

Number of years completed \_\_\_\_\_ Did you graduate?  Yes  NoWhat was your course of study?  Academic  Business  Trade or Technical  Other \_\_\_\_\_

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### COLLEGE

Name \_\_\_\_\_

Location \_\_\_\_\_

Number of years completed \_\_\_\_\_ Did you graduate?  Yes  No. Number of semester hours completed \_\_\_\_\_

What was your major? \_\_\_\_\_ Degree: \_\_\_\_\_

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### COLLEGE

Name \_\_\_\_\_

Location \_\_\_\_\_

Number of years completed \_\_\_\_\_ Did you graduate?  Yes  No. Number of semester hours completed \_\_\_\_\_

What was your major? \_\_\_\_\_ Degree: \_\_\_\_\_

Did you enroll in a post-graduate course of education?  Yes  No If "Yes", what was your post-graduate field of study? \_\_\_\_\_ Degree: \_\_\_\_\_

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### Trade, Business or Correspondence School

Name \_\_\_\_\_

Location \_\_\_\_\_

Number of years completed \_\_\_\_\_ Did you graduate?  Yes  No

What was your course of training or study? \_\_\_\_\_

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## SPECIAL QUALIFICATIONS OR SKILLS

Use this space to describe any special qualifications or skills you have acquired through special training, prior employment or general experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## FOREIGN LANGUAGES

Indicate foreign language(s) you are familiar with:

Language: \_\_\_\_\_  Fluent  Good  Fair  Speak  Read  WriteLanguage: \_\_\_\_\_  Fluent  Good  Fair  Speak  Read  Write

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## MEMBERSHIPS

List Business, Trade, Professional, Community or Activities Memberships and any offices you may have held. (exclude any organizations the name and character of which would reveal race, religion, national origin or any other protected status):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



