



# SHERIFF

## Tuscola County

Sheriff Ryan Robinson

Undersheriff Robert Baxter

420 Court Street, Caro, MI 48723

Phone: 989-673-8161 Fax: 989-673-8164

### APPLICATION FOR EMPLOYMENT (PLEASE PRINT CLEARLY)

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

**\*\*Must have taken EMPCO test before completing application (for Corrections). Enter score \_\_\_\_\_**

POSITION APPLIED FOR	Date of Application / /
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**PERSONAL:**

LAST NAME FIRST NAME MIDDLE NAME

Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_ Drivers/Chauffeurs License # \_\_\_\_\_

Present Address \_\_\_\_\_  
Number & Street City State Zip

How many years have you lived at this address? \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Previous Address \_\_\_\_\_  
Number & Street City State Zip

How long did you live there? \_\_\_\_\_

Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_ AM  
PM

Email address: \_\_\_\_\_

Have you been certified by the MI Commission on Law Enforcement Standards (COLES)?  Yes  No

Additional positions applying for 1. \_\_\_\_\_ 2. \_\_\_\_\_



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Do you want  Full Time

Part Time

Have you ever filed an application with us before?  Yes  No if Yes, when \_\_\_\_\_

Are you currently employed?  Yes  No May we contact your employer?  Yes  No

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

Are you able to function normally when under temporary or prolonged stress?  Yes  No

With proper training and supervision, do you believe that you can perform ALL of the essential job functions of the position you are applying for, unassisted and without delay?  Yes  No

Have you ever been **convicted** of a crime?  Yes...What \_\_\_\_\_

\_\_\_\_\_ Or  No

### PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY

NAME \_\_\_\_\_ TX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### MILITARY SERVICE RECORD

Have you ever served in the armed forces  Yes  No If yes, what branch? \_\_\_\_\_

Dates of Duty \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Rank At Discharge \_\_\_\_\_

What were your duties in the service (including special training and duty station)? \_\_\_\_\_

\_\_\_\_\_

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/DEGREE
HIGH SCHOOL				
UNERGRADUATE COLLEGE				

MISSION STATEMENT: The Tuscola County Sheriff's Office will serve the public by providing assistance, coordination and delivery of law enforcement, corrections and support services for the safety and protection of people and property with respect to the constructional rights of all citizens.



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GRADUATE/PROFESSIONAL				
BUSINESS OR TRADE				
OTHER (SPECIFY)				

## WORK EXPERIENCE

Start with your present employer or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer	Dates Employed From To _/_/_/ _/_/_/	Work Performed
Address		
Tx Number(s)		
Starting/Present Job Title		
Supervisor's name & Email		
Reason For Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed From To _/_/_/ _/_/_/	Work Performed
Address		
Tx Number(s)		
Starting/Present Job Title		
Supervisor's name & Email		
Reason For Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No



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Address		
Tx Number(s)		
Starting/Present Job Title		
Supervisor's name & Email		
Reason For Leaving	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments: Include explanation of any gaps in employment

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### WORK EXPERIENCE

Employer	Dates Employed From                      To ____/____/____      ____/____/____	Work Performed
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Address		
Tx Number(s)		
Starting/Present Job Title		
Supervisor Email		
Reason For Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed From      To / /      / /	Work Performed
Address		
Tx Number(s)		
Starting/Present Job Title		
Supervisor's name & Email		
Reason For Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include explanation of any gaps in employment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Describe any specialized training, apprenticeship, skills and extra-curricular activities.**

\_\_\_\_\_

\_\_\_\_\_

**Describe any job-related training received in the United States military.**

\_\_\_\_\_

\_\_\_\_\_



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List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

### ADDITIONAL INFORMATION

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

State any additional information you feel may be helpful to us in considering your application.

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 capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.  Yes  No

### PERSONAL PROFESSIONAL REFERENCES...DO NOT INCLUDE FAMILY MEMBERS OR PAST SUPERVISORS

NAME	PHONE NUMBER	BEST TIME TO CALL	OCCUPATION
1.			
Email Address			
2.			
Email Address			
3.			
Email Address			

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**PLEASE READ CAREFULLY**

## **APPLICANT'S CERTIFICATION AND AGREEMENT**

In the event of employment, I understand that false, misleading or omitted information 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 employer.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.\*

Signature of Applicant: \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*NOTE:** The Provisions of the Fair Credit Reporting Act may be applicable if a credit report on the applicant is obtained and considered.