

Employment Application

Office of Human Resources
 702 West Kalamazoo St.
 P.O. Box 30738
 Lansing, MI 48909-8238

Personal Information

Name (Last, First, Middle Initial): _____
 Address (Street): _____
 City: _____ State: _____ Zip code: _____
 Daytime phone no.: _____ Home phone no.: _____ Email address: _____
 Position you are applying for: _____
 Are you eligible for employment in the United States? Yes No Date you are available for employment: _____
 Are you currently a State of Michigan employee? Yes No
 If yes, current Civil Service classification: _____

Have you ever: Yes No If yes, please explain: _____
 been discharged, asked to resign, or
 suspended by an employer? _____
 been convicted of any violation of
 the law other than minor traffic violations? _____
 Indication of a criminal record does not absolutely prohibit employment, but will only be used in relation to specific job requirements.

High School Education

High School - name and location: _____
 Highest grade or year completed: _____ Did you graduate? Yes No

College, University, Trade School or Special Training:

Name of School	Location	Dates of Attendance (Month/Year)		Credit Hours Earned		Course of Study	Degree or Certificate Received
		FROM	TO	QTR	SEM		
Trade School/Special Training							
Trade School/Special Training							

Your name, if different, while attending school: _____

Please provide transcript when needed to meet minimum requirements of position.

Licensure, Registration, Certification (examples: Teacher Certification, EDL, PE, CPA, etc.)

License, Registration or Certification	Number	Date Received	Expiration Date	State Licensing Agency

Employment Record - Beginning with your present or most recent employment, including military service, list and describe your work experience. If you have held two or more positions for the same employer at different levels of responsibility or with different duties, list and describe each position separately. If needed, attach additional sheets, using the same format as on this application. Resumes may be attached to provide additional information.

Name of employer:	_____	Current salary:	_____		
Address:	_____				
Your job title:	_____	Supervisor's name:	_____	Phone:	_____
From:	____/____/____	To:	____/____/____	Hours per week:	_____ (_____)
	Month Day Year	Month Day Year			Your name, if different, during employment
Duties and responsibilities:	_____				

Reason for leaving:	_____				

Name of employer:	_____	Current salary:	_____		
Address:	_____				
Your job title:	_____	Supervisor's name:	_____	Phone:	_____
From:	____/____/____	To:	____/____/____	Hours per week:	_____ (_____)
	Month Day Year	Month Day Year			Your name, if different, during employment
Duties and responsibilities:	_____				

Reason for leaving:	_____				

Name of employer:	_____	Current salary:	_____		
Address:	_____				
Your job title:	_____	Supervisor's name:	_____	Phone:	_____
From:	____/____/____	To:	____/____/____	Hours per week:	_____ (_____)
	Month Day Year	Month Day Year			Your name, if different, during employment
Duties and responsibilities:	_____				

Reason for leaving:	_____				

Certification/Reference Release- By submitting this application and any attachments, I certify that all information provided is true and accurate, and contains no willful falsification or misrepresentation. I understand that intentional falsification or misrepresentation will disqualify me from consideration for employment with the Department of History, Arts and Libraries; and if hired, is grounds for termination. I hereby authorize present and former employers, associates, schools, law enforcement agencies, military organizations, and/or other persons and organizations to provide the Department of History, Arts and Libraries with any information that may aid in determining my suitability for employment. Additionally, I release those individuals and/or organizations contacted from all liability whatsoever for issuing the requested information, and hereby waive my right to receive written notice of any such information provided. I also hereby release the Department of History, Arts and Libraries, its affiliates and employees from any and all liability and damages for requesting, releasing, and using information concerning me, my work and performance record.

Signature _____ **Date** _____

As a condition of employment in the classified service, you must submit to, and pass, a pre-employment drug test. A background check will also be conducted.