



# Western Upper Peninsula Health Department

## EMPLOYMENT APPLICATION

540 Depot Street, Hancock, MI 49930 Phone: (906) 482-7382

www.wuphd.org

OFFICE LOCATIONS:	210 N. Moore Street Bessemer, MI 49911 Phone: 667-0200	303 Baraga Ave. L'Anse, MI 49946 Phone: 524-6142	408 Copper Street Ontonagon, MI 49953 Phone: 884-4485
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Name: \_\_\_\_\_  
Last First Middle

Please list any other name(s) you have had or used: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone No. and Area Code: \_\_\_\_\_  
Home Mobile Work

Email Address: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Are you over 18 years of age?  Yes  No Are you legally authorized to work in the United States?  Yes  No

### EMPLOYMENT DESIRED

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Full-Time \_\_\_\_ Part-Time \_\_\_\_ Call-In \_\_\_\_ Temporary \_\_\_\_ Date Available for Work: \_\_\_\_\_

Specify Hours/Days Available: \_\_\_\_\_

### WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Western U.P. Health Department unequivocally supports the principle and spirit of equal opportunity and non-discrimination in employment, programs, services and activities provided by the company. We offer Equal Employment Opportunity to all based upon individual merit and do not discriminate on the basis of race, color, religion, national origin or ancestry, age, sex, height, weight, arrest record, sexual orientation, marital or veteran status, handicap or disability, unless required to do so by law or bona fide occupational qualification. The questions in this application are intended to be non-discriminatory in nature and applicants are not required to submit any information which could be used for discriminatory purposes. A person with a disability or handicap requiring accommodation for employment must notify Western U.P. Health Department in writing within 182 days after the need is known, or should have been known. A person with a disability or handicap requiring accommodation for completing the application should notify the Human Resources office as soon as possible.

**PERSONAL BACKGROUND INFORMATION**

Have you ever been convicted of a crime (including misdemeanors)?  Yes  No

Are there any felony charges pending against you?  Yes  No  
 (A "Yes" answer to either question will not automatically disqualify you from employment.)

If yes, please explain: \_\_\_\_\_

Have you ever been disciplined, discharged, or asked to resign from any employer?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever worked for this Agency before?  Yes  No - If yes, under what name? \_\_\_\_\_

Have you submitted an application to this Agency before?  Yes  No - What Name? \_\_\_\_\_ Date? \_\_\_\_\_

List all relatives employed by WUPHD: \_\_\_\_\_

**MILITARY EXPERIENCE**

Branch of U.S. Military Service: \_\_\_\_\_ or, State National Guard: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ Rank Upon Discharge: \_\_\_\_\_

Are you presently in the Military?  No; Yes,  Active  Reserve, Present rank or status \_\_\_\_\_

**EDUCATION AND TRAINING**

Name of School - List High School first, then Trade / Post-Secondary School(s)	Location (City, State)	# Yrs./Mos. Completed	Diploma, Degree, Certificate Received

**PROFESSIONAL OR TECHNICAL LICENSURE/CERTIFICATION AND SKILLS**

Type: \_\_\_\_\_ State/Certifying Board: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Type: \_\_\_\_\_ State/Certifying Board: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Type: \_\_\_\_\_ State/Certifying Board: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Use the spaces below or the back of this form to list special training, skills, management experience, computer/software skills, equipment operation skills, or any other qualifications you feel are relevant to the position applied for:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

List below, beginning with the most recent, all present and past employment (use a separate sheet of paper if necessary)

Company Name	Dates of Employment
Street Address	Telephone with Area Code
Position Held/Job Title	Name of Supervisor
Brief Description of Duties	Last Salary
Reason for Leaving	May we contact employer for references?
Company Name	Dates of Employment
Street Address	Telephone with Area Code
Position Held/Job Title	Name of Supervisor
Brief Description of Duties	Last Salary
Reason for Leaving	May we contact employer for references?
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Street Address	Telephone with Area Code
Position Held/Job Title	Name of Supervisor
Brief Description of Duties	Last Salary
Reason for Leaving	May we contact employer for references?

**WORK RELATED REFERENCES**

Name	City/State	Phone	Occupation	Relationship

Filing this application does not imply that the applicant will be employed, but rather only that the applicant will be considered in competition with other applicants when a vacancy occurs. Please note that this application will only remain active for sixty (60) days, after which the applicant would need to re-apply.

**APPLICANT'S AGREEMENT**

I certify that all of the information furnished on this Application is true, complete and correct. I understand and agree that any falsification, misrepresentation or omission of fact, either on this Application or during the pre-hire process, will be reason for (1) my not being offered employment, or (2) dismissal at any time from the service of Western U.P. Health Department, if I have been employed.

I understand that consideration for employment at Western U.P. Health Department is conditional upon a review of my qualifications, work history, and references. I authorize Western U.P. Health Department to request and obtain verification that the information given by me on this application is true, accurate and complete. I understand that such verification may include, but may not be limited to background information pertinent to the position for which I have applied, verification of education, verification of employment history, and investigation of criminal history. I therefore authorize my current and all previous employers, schools and other references to cooperate with Western U.P. Health Department, and to release, on a confidential basis, any information they may have concerning me, including information in my personnel record or otherwise known to them, to Western U.P. Health Department, in connection with my application for employment with Western U.P. Health Department. I specifically release from liability any current or former employer(s) and schools, their agents, representatives, employees, officers and directors, for or on account of their providing/disclosing such information to Western U.P. Health Department. I waive any right under Public Act 397 to receive written notice from Western U.P. Health Department and any prior employer or any other party referred to in this application that such information has been released. I understand that this may include a record of disciplinary action assessed by Western U.P. Health Department or any current/previous employers.

I understand that this application is not an offer for, or contract of employment. I understand that employment or any offer made to me is contingent upon satisfactory completion of employment procedures, which may include criminal history background checks, and other procedures as required under Michigan law, health testing, examinations, and any investigation to determine my qualifications for the position offered.

I understand and agree that my employment and compensation, if I have been employed, are for no definite period and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by me or by Western U.P. Health Department, with or without cause, and without any previous notice, except as modified by law or collective bargaining agreements which may apply. I also understand and agree that Western U.P. Health Department has the right to unilaterally modify and/or terminate any policies, practices, procedures and standards it has adopted or implemented, to the extent not limited by law or collective bargaining agreements which may apply. I acknowledge that no agency employee or representative, other than its Health Officer/Administrator has either the power or authority to enter into any agreement for employment for any specified period of time, or to make any representations or agreements contrary to any of the foregoing, unless that agreement is in writing and signed by the Health Officer/Administrator. I understand that any prior representations, promises, contracts or statements made by or on behalf of Western U.P. Health Department are expressly superseded by the foregoing.

I hereby release Western U.P. Health Department of any liability and obligation, including any obligation to provide me with written notification of any disclosure made by Western U.P. Health Department upon my written authorization to provide/disclose information to credit bureaus, agencies, future employers, etc. I understand that this may include a record of disciplinary action assessed by Western U.P. Health Department.

The Immigration Reform and Control Act of 1986 states that employers must require all persons hired to submit documents to the employer showing their identity and their right to be lawfully employed in the United States. It also requires that the employee complete and sign a government form to this effect. I understand that if hired by Western U.P. Health Department, I will timely furnish documents for inspection that verify my identity and that I am legally permitted to work in the United States. Furthermore, I understand that my employment will be terminated if I fail to timely provide the necessary documents.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**