



Caring for the  
Community Since the 1930s

# Barry-Eaton District Health Department

www.barryeatonhealth.org

## Barry County Office

330 W. Woodlawn Ave.  
Hastings, Mi. 49058  
Phone: 269-945-9516  
Fax: 269-818-0237

## Eaton Substance Abuse

Program  
Phone: 517-543-2580  
Fax: 517-543-8191

## Eaton County Office

1033 Health Care Dr.  
Charlotte, Mi. 48813  
Phone: 517-543-2430  
517-485-7110  
Fax: 517-543-7737

### APPLICATION FOR EMPLOYMENT

The Barry-Eaton District Health Department is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected category.

**YOU MUST ANSWER ALL QUESTIONS COMPLETELY. FAILURE TO DO SO WILL RESULT IN REJECTION OF YOUR APPLICATION AND YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT.**

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

Name: \_\_\_\_\_  
Last, First, Middle

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

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Are you a relative by birth or marriage to any Barry-Eaton District Health Department elected official or full-time management employee? Yes  No

If Yes: \_\_\_\_\_  
Name Relationship

Are you under 18 years of age? (If yes, attach work permit) Yes  No

Are you currently working? Yes  No

Are you on lay-off? Yes  No

If yes, are you subject to recall? Yes  No

Will you submit to a drug-screening test? Yes  No

Have you ever been employed by Barry-Eaton District Health Department? Yes  No

If Yes: \_\_\_\_\_  
Position Department Dates

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes  No

(Proof of citizenship or immigration status may be requested upon employment)

Have you ever been fired? Yes  No

If Yes, give date, where you worked and explanation:

Have you ever been convicted of a felony? Yes  No

If Yes, completely describe including location and date:

**NOTE:** A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation, and rehabilitation will be considered.

Are you capable of performing with or without reasonable accommodation (special assistance, equipment or other help), the activities involved in the job or occupation for which you have applied? (See attached class description)

Yes  No

**REFERENCES**

(Do not include relatives or former employers):

Name

Address

Telephone

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**EDUCATION**

	High School	Vocational/ Technical	College	Graduate
School Name, City/State				
Did you graduate? (If not, number of credit hours completed)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Degree/Certificate				
Major/Minor				

Describe any specialized training, apprenticeships, internships, skills, licenses, certificates, and extra-curricular activities that pertain to the position(s) for which you are applying.

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List professional, trade, business group memberships and offices held and volunteer work excluding groups the name and character of which indicate race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected class:

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**MILITARY SERVICE RECORD**

Have you had any experience in the Armed Forces of the United States of America or in a State National Guard?

Yes  No

If Yes, what branch? \_\_\_\_\_

Rank at discharge: \_\_\_\_\_

Date of discharge: \_\_\_\_\_

Were you honorably discharged?

Yes  No

**NOTE: A dishonorable discharge from the military will not necessarily be a bar to employment.**

## EMPLOYMENT HISTORY

Employer:  
Address:  
Telephone: Supervisor:  
Job Title:  
Dates Employed: to Salary: Start = Final =  
 Annual  Hourly  
Work Performed:  
Reason(s) for Leaving:

Employer:  
Address:  
Telephone: Supervisor:  
Job Title:  
Dates Employed: to Salary: Start = Final =  
 Annual  Hourly  
Work Performed:  
Reason(s) for Leaving:

Employer:  
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Work Performed:  
Reason(s) for Leaving:

Employer:  
Address:  
Telephone: Supervisor:  
Job Title:  
Dates Employed: to Salary: Start = Final =  
 Annual  Hourly  
Work Performed:  
Reason(s) for Leaving:

**AGREEMENTS AND UNDERSTANDINGS**

1. I certify that the information in this application is true, complete and correct to the best of my knowledge and understand that falsification, misleading, misrepresentation or omission of any information submitted in connection with my application or interview, whether in this document or not, may result in rejection of my application or, if hired, in dismissal.

*Initial Here*

2. I waive written notice from my current employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel records (even if more than four years old). This waiver is made pursuant to the Bullard-Plawecki Employee Right-to Know Act.

*Initial Here*

3. I authorize the references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and any pertinent information they may have (even if more than four years old) and release all parties from any liability for any damages that may result from furnishing same to you.

*Initial Here*

4. I understand that any employment offer may be conditional upon the results of the drug-screening test and the post offer pre-employment medical examination.

*Initial Here*

5. I have read the attached class description. If employed, I understand that if I am or become handicapped in need of accommodations for employment, I must notify Barry-Eaton District Health Department in writing within 182 days after the need is known or reasonably should have been known to me. Failure to properly notify Barry-Eaton District Health Department will preclude any claim that the employer failed to accommodate the handicapper.

*Initial Here*

6. I agree that any lawsuit against Barry-Eaton District Health Department arising out of my employment or termination of employment, including but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within one year of the event giving rise to the claims or be forever barred. I waive any limitations period to the contrary.

*Initial Here*

**I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF EACH OF THE ABOVE SIX (6) INDIVIDUAL STATEMENTS, AS INDICATED ABOVE.**

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Signature

Date