



# Ottawa County Central Dispatch Authority

An Equal Opportunity Employer

## Application for Employment



Ottawa County Central Dispatch Authority (OCCDA) considers applications for all positions without regard to race, color, sex, age, religion, national origin, marital status, a person's political affiliation, sexual orientation or gender identity, height, weight, disability, citizenship status, genetic information or any other legally protected status.

PLEASE PRINT OR TYPE ALL INFORMATION

Date of Application: \_\_\_\_\_

### GENERAL INFORMATION

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile/Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Alternate Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Position(s) You Are Applying For: \_\_\_\_\_

What source referred you to OCCDA?  
Unemployment Office OCCDA Employee Newspaper Ad Web/Online Ad  
C OCCDA Website Other: \_\_\_\_\_

Are you 18 years old or older? YES NO

This is full-time employment YES NO

Are you available all shifts? YES NO

Date you are available: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of Pay Desired/Expected: \$ \_\_\_\_\_

Are you authorized to work in the United States? YES NO

Have you ever applied for a position with OCCDA before? YES NO  
If Yes, what position and when (month & year): \_\_\_\_\_

Have you ever been employed by OCCDA before? YES NO  
If Yes, what position and when (month & year): \_\_\_\_\_

List any relatives currently working for or contracted by OCCDA:  
\_\_\_\_\_

Have you ever been suspended or discharged from a former employer? YES NO  
If Yes, please explain: \_\_\_\_\_

Do you have any employment records under a name other than the one listed above? YES NO  
If yes, please list additional names: \_\_\_\_\_

FOR OFFICE USE ONLY:  
RECEIVED BY: \_\_\_\_\_  
DATE & TIME RECEIVED: \_\_\_\_\_  
APPLICANT #: \_\_\_\_\_

Michigan law requires employers to make accommodations to applications who are persons with disabilities and such employees where the accommodation does not impose an undue hardship on the employer. Persons with disabilities who are employees and applicants may request an accommodation of their disability by notifying the Employer in writing of the need for accommodation within 182 days of the date the person knows or should know that an accommodation is needed. Failure to properly notify the Employer will preclude any claim that the Employer failed to accommodate the person with disabilities.

**Can you perform the essential job functions for the position(s) you are applying either with or without a reasonable accommodation?**      YES      NO

**Do you have a valid Driver's License?**      YES      NO

Driver's License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Endorsements (CDL, etc.): \_\_\_\_\_

**\*\*SPECIAL NOTE – All OCCDA positions require criminal background checks on prospective employees\*\***

**Have you ever been convicted of a crime (convictions only)?**      YES      NO

If yes, please describe (include location and date): \_\_\_\_\_

\_\_\_\_\_

**Please list all civil infractions – parking tickets, speeding tickets, etc. – in the last five years (include location and date):**

\_\_\_\_\_

**Please list any special skills, abilities, and interests you feel could be an asset:**

\_\_\_\_\_

## EDUCATION

SCHOOL NAME/LOCATION	DATES ATTENDED From / To:	AREAS OF SPECIALIZATION	GRADUATED/DEGREE		
			Graduated	Yes	No
High School: _____	____/____ - ____/____	_____			
College: _____	____/____ - ____/____	_____			
Graduate: _____	____/____ - ____/____	_____			Degree: _____
Other: _____	____/____ - ____/____	_____			Degree: _____

**List other formal education or licenses you feel are relevant to the position for which you are applying:**

\_\_\_\_\_

**WORK EXPERIENCE**

List all jobs you have held and periods of unemployment in the past ten (10) years. Put your present or most recent job first. If you need additional space, please attach additional sheets of this page.

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Title/Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Duties of your position: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name & Address of Employer (list below):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wage/Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Full or Part-Time

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Title/Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Duties of your position: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name & Address of Employer (list below):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wage/Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Full or Part-Time

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Title/Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Duties of your position: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name & Address of Employer (list below):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wage/Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Full or Part-Time

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Title/Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Duties of your position: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name & Address of Employer (list below):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wage/Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Full or Part-Time

**PROFESSIONAL REFERENCES**

Please list FOUR professional references.

Full Name: \_\_\_\_\_ How long have you known: \_\_\_\_\_ yrs  
Company: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Full Name: \_\_\_\_\_ How long have you known: \_\_\_\_\_ yrs  
Company: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Full Name: \_\_\_\_\_ How long have you known: \_\_\_\_\_ yrs  
Company: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Full Name: \_\_\_\_\_ How long have you known: \_\_\_\_\_ yrs  
Company: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PLACE OF RESIDENCE**

Please list all addresses you have resided/lived during the last ten (10) years.

From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_ Own Rent Other: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip

From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_ Own Rent Other: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip

From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_ Own Rent Other: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip

From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_ Own Rent Other: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip

From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_ Own Rent Other: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip

From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_ Own Rent Other: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip

**ADDITIONAL INFORMATION**

Please list any additional information not already covered in this application:

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**DISCLAIMER AND SIGNATURE**

*I certify that my answers are true and complete.*

*I authorize investigation of all statements, including references, contained in this application for employment as may be necessary in arriving at an employment decision. I also specifically waive any written notice requirements of Section 67 of 1978 PA 397 pertaining to disciplinary reports, letters of reprimand or other disciplinary actions. I also waive any claim against the OTTAWA COUNTY CENTRAL DISPATCH AUTHORITY and all current or former employers arising from such investigation or disclosure, including, but not limited to, slander and libel, that may result from furnishing any information to the OTTAWA COUNTY CENTRAL DISPATCH AUTHORITY.*

*This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.*

*I hereby understand and acknowledge that, in the absence of an express written contract or agreement to the contrary; any employment relationship with the OTTAWA COUNTY CENTRAL DISPATCH AUTHORITY is of an "at-will" nature, which means that the employee may resign at any time and the Employer may discharge employee at any time with or without cause.*

*The undersigned applicant agrees, authorizes and consents to the procurement of a Consumer Report and/or an Investigate Consumer Report and understands that it may contain information about the applicant's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I certify that the OTTAWA COUNTY CENTRAL DISPATCH AUTHORITY has provided a separate notice of my rights under the Fair Credit Reporting Act.*

*In the event of employment, I understand that false or misleading information given in my application or interview(s) would be grounds for discharge. I understand, also, that I am required to abide by all rules and regulations of the OTTAWA COUNTY CENTRAL DISPATCH AUTHORITY.*

*I further understand that if I am offered employment, a physical which may include drug testing (at the OTTAWA COUNTY CENTRAL DISPATCH AUTHORITY's expense) may be required, proof of educational and licensing attainment must be submitted, and if any driving will be done for the OTTAWA COUNTY CENTRAL DISPATCH AUTHORITY purposes, I must be both eligible to drive and be qualified for insurance coverage. Employment by the OTTAWA COUNTY CENTRAL DISPATCH AUTHORITY is conditioned upon such results being satisfactory to the OTTAWA COUNTY CENTRAL DISPATCH AUTHORITY.*

***I agree that any action or suit against the OTTAWA COUNTY CENTRAL DISPATCH AUTHORITY or its board elected or appointed officials, officers and/or employees arising out of my application for employment, subsequent employment, or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.***

PRINT FIRST & LAST NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

