



**EMPLOYMENT HISTORY**

(List below your last four employers, starting with the most recent)

Date Month and Year	Name and Address or Employer	Salary	Position	Reason For Leaving
From				
To				
From				
To				
From				
To				
From				
To				

**LAW ENFORCEMENT APPLICANTS:** (PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING YOUR EMPLOYMENT AND MCOLES CERTIFICATION STATUS)

MCOLES Certification	Status: <input type="checkbox"/> Certified <input type="checkbox"/> Certifiable	Date of Certification: ____/____/____	MCOLES Number:
Police Academy	School:	Date of Graduation: ____/____/____	

**REFERENCES:** GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS AQUAINTED
1.			
2.			
3.			

**HEALTH RECORD:** Do you have any impairments - physical, mental, or medical which would interfere with your ability to perform the job for which you have applied?

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**EMERGENCY CONTACT:**

Name

Address

( )

Phone

**Release of Information:**

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice. I further authorize the release of medical and employment history information as well as driving and criminal history data from NCIC, SOS, and LEIN.

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

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

All applications must be delivered, either personally or by mail to the Kalkaska County Sheriff Office.

**Kalkaska County Sheriff Office**  
**PO Box 1119 - 605 N Birch St**  
**Kalkaska, MI 49646**  
**(231)258-8686**