

NOTICE TO APPLICANT
DO NOT RETURN THIS NOTICE WITH THE APPLICATION



Applications:

- **Applications will only be accepted and reviewed for current advertised and/or posted positions and will be retained on file for a period of one year. Applications that indicate a position that is currently not posted or are for a position of "Any" or "All" or are left blank will not be accepted. A separate application must be completed for each position you are applying for.**
- **Applicant must be at least 18 years of age.**
- Applications received after the deadline will not be considered.
- Applications must be received by the Human Resource office no later than 5:00 p.m. on the last day of the posting period as established in the official job announcement.
- Applications must be filled out completely. If not applicable, write N.A. Incomplete forms will not be accepted
- Applications should clearly show that the minimum qualifications are met.
- All statements made on the application are subject to verification.
- If you have a disability which impairs your ability to apply for a position, please be advised that this office will, upon request, provide assistance in reading or completing the application, as needed.

Transcripts and/or Certifications: the applicant must provide required copies of college transcripts and/or certifications/licensure before the application deadline.

Resumes: Resume submission is not an application for a position. An individual must complete our standard application form.

Change of Address: Applicants are responsible for notifying the Human Resource office of any change of address and/or phone number.

Hiring Procedures and Standards: Applications are not reviewed until after the posting period has closed. They are thoroughly screened on the basis of job related criteria such as skill level, work experience, education and training. "Experience" means full-time, paid experience unless announcement states otherwise. Minimum qualification requirements must be met by the close of the posting period. **The most qualified applicants are referred for interviews.**

Pre-Employment Medical Examination: Applicants selected for employment will be required to undergo and successfully complete a Division-paid post-job offer physical assessment and examination and drug test prior to starting work.

Probationary Period:

All new full-time and part-time employees shall be required to serve a 1040 hour probationary period. Probationary employees must attain at least a satisfactory performance rating during the probationary period in order to become a seniority employee. Probationary employees will be evaluated a minimum of three times in writing by the supervisor or his/her designee. Until an employee has satisfactorily completed the probationary period, he/she may be disciplined, laid-off, recalled, terminated, or discharged by the Division without recourse to the Grievance Procedure. Until an employee has satisfactorily completed his/her probationary period, employment is "at will" and subject to termination at any time during said probationary period for any reason or for no reason at all, with or without notice, by the Division. Any absences from work during the probationary period shall extend the probationary period accordingly.

Identity and Employment Eligibility: Candidates appointed to any position with Genesee County, Division of Water and Waste Services, must, prior to the first day of work, provide original documents as required under the Immigration Reform and Control Act of 1986 to verify their legal right to be employed in the United States.

Applications can be mailed to or dropped off at:

Genesee County Division of Water & Waste Services, G-4610 Beecher Road, Flint, MI 48532

Attention: Human Resources. Applications can be emailed to: hr@gcdcwws.com

Genesee County Division of Water and Waste is an Equal Opportunity Employer and complies with all state and federal laws prohibiting discrimination and retaliation.

APPLICATION FOR EMPLOYMENT

| APPLICANT INFORMATION | | | |
|--|---------------------------------------|-------------------|------|
| Last Name | First | M.I. | Date |
| Street Address | | Apartment/ Unit # | |
| City | State | Zip | |
| Preferred Phone | E-mail Address <i>(required)</i> : | | |
| Position Applied for <i>(please refer to the first bullet point on the attached NOTICE TO APPLICANT)</i> : | | | |
| Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain: | | | |
| Are you related to any current employee of the Water & Waste or Surface Water? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes who: | | | |
| Have you submitted an application with GCDC-WWS before: YES <input type="checkbox"/> NO <input type="checkbox"/> If yes when and for what position(s): | | | |
| Have you ever been employed by GCDC-WWS before: YES <input type="checkbox"/> NO <input type="checkbox"/> If yes when and in what capacity: | | | |
| | | | |

| DRIVER INFORMATION (MUST BE COMPLETED) | | |
|---|---|-------------|
| Type of valid Michigan Driver's License you currently hold: | <input type="checkbox"/> None <input type="checkbox"/> Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> CDL <input type="checkbox"/> Other State Issued_____ | |
| If you currently hold a Michigan CDL please check which designations and endorsements you have: | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Endorsements: <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> X <input type="checkbox"/> H <input type="checkbox"/> F | |
| List any moving violations, driving restrictions, or accidents within the last five years, (not parking): | MONTH & YEAR | DESCRIPTION |
| If additional space is needed add on a separate sheet | MONTH & YEAR | DESCRIPTION |

| EDUCATION | | | | |
|----------------------------|----|-------------------|--|----------------------|
| High School | | City & State | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Vocational | | City & State | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> | Major and /or Degree |
| Community College | | City & State | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> | Major and /or Degree |
| College (Undergrad) | | City & State | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> | Major and /or Degree |
| College (Graduate) | | City & State | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> | Major and /or Degree |
| Other (Specify) | | City & State | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> | Major and /or Degree |

| MILITARY SERVICE | |
|----------------------------------|-------------------|
| Branch | From To |
| Rank at Discharge | Type of Discharge |
| If other than honorable, explain | |

| SKILLS |
|---|
| List types of equipment that you can operate: |
| Computer Training? Yes_____ No_____ If Yes, Please indicate those systems and software packages with which you are familiar |
| Relevant Training <i>(attach additional training to this form if necessary)</i> : |
| Name of Course:_____ Sponsor Name_____ Date Completed_____ |
| Name of Course:_____ Sponsor Name_____ Date Completed_____ |

| ADDITIONAL INFORMATION |
|---|
| To assist us in properly assessing your qualifications use the space below to present any additional information relevant to employment with GCDC-WWS (include experiences, skills, hobbies, volunteer work, etc. not covered above). |
| |

COMPLETE ALL FIELDS, "SEE RESUME" IS NOT ACCEPTABLE; LIST MOST RECENT FIRST

PREVIOUS EMPLOYMENT

| | | | |
|--|----|------------------------------|--|
| Employer | | Phone | |
| City & State | | Supervisor | |
| Job Title | | Ending Salary | \$ per hour |
| Duties | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> If no why? |

| | | | |
|--|----|------------------------------|--|
| Employer | | Phone | |
| City & State | | Supervisor | |
| Job Title | | Ending Salary | \$ per hour |
| Duties | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> If no why? |

| | | | |
|--|----|------------------------------|--|
| Employer | | Phone | |
| City & State | | Supervisor | |
| Job Title | | Ending Salary | \$ per hour |
| Duties | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> If no why? |

| | | | | |
|---|--|------------------------------|-----------------------------|------------------|
| Have you ever been dismissed from employment, refused employment, or been subjected to disciplinary action while in any position? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If Yes, explain: |
|---|--|------------------------------|-----------------------------|------------------|

PLEASE READ AND SIGN BELOW

I certify that the facts set forth in this Application for Employment, in my resume and in the other materials I have submitted are true and complete. I understand that any false, misleading or incomplete information will result in disqualification from employment with the Genesee County Drain Commissioner (the "Commissioner" or "the Employer"), or in dismissal from employment if an offer of employment has been made and accepted.

I hereby authorize the Employer to contact all my former and current employers, educational institutions and the other references I have provided regarding me and my performance record and work, academic and/or military experience.

I hereby authorize my current and former employers to disclose to the Division all requested information, including but not limited to, any information concerning any unprofessional conduct by me, and to make available to the Division copies of all documents maintained in my personnel record.

I also hereby release the Employer and its employees and agents, and all of my former and current employers, educational institutions, and the other references I have provided, from any and all liability and damages for releasing in good faith, or using, information concerning me and my performance record and work, academic and/or military experience. I also hereby waive any right under the Bullard-Plawecki Right to Know Act, 1978 PA 397, to receive written notice from the Employer or any former or current employer, that disciplinary reports, letters of reprimand, or other disciplinary action taken against me while employed, will be or have been disclosed to a third person or entity.

I also understand that the Employer may conduct or have conducted by an individual or entity of its choice, a conviction-only criminal background history search on me. I hereby consent to this search being conducted and to the disclosure of the results of that search by the individual or entity conducting the search to the Employer. I further hereby release the individual or entity conducting the search, the Employer, and its employees and agents, from any and all liability, claims and damages, including but not limited to, claims for releasing or using any information revealed as a result of this search. I also understand and acknowledge that criminal convictions may result in disqualification from employment with the Employer or in dismissal from employment if an offer has been made and accepted.

In consideration of my employment, I agree and understand that, subject to any collective bargaining agreement applicable to me, my employment and compensation can be terminated with or without cause, with or without notice, at either my option or at the option of the Employer, it being mutually understood and agreed that my relationship with the Employer is one of employment at will and no representative of the Employer, has any authority to enter into any agreement for employment for any period of time or to make any agreement contrary to the foregoing. I hereby consent to having a physical examination and/or test(s) conducted by a physician or other professional of the Employer's choice, including but not limited to drug and/or alcohol testing, and understand that any offer of employment is conditioned upon the results of this examination(s) and/or test(s).

Subject to any collective bargaining agreement applicable to me, I agree not to commence any action or suit relating to my employment with the Employer more than 180 days after the occurrence of the facts giving rise to the claim, or more than 180 days of the date of my termination of such employment, whichever is earlier, and to waive any statute of limitations to the contrary.

If I am employed, I understand that additional personal data will be required for determination of benefit eligibility and for statistical purposes.

I will abide by all polices, rules and regulations, as amended from time to time, of the Employer.

SIGNATURE OF APPLICANT

DATE

VOLUNTARY EEO IDENTIFICATION

The EEOC collects Labor Force data from state and local governments with 100 or more employees in the 50 U.S. States and District of Columbia.

You are not required to give this information.

CHECK ONE:
 I will provide the following information. I prefer not to provide the following information.

NAME: _____ **DATE:** _____
POSITION APPLIED FOR: _____

GENDER: _____ **Date of Birth** _____
(Please check one of the options below) mm/d/yyyy
 Male Female

RACE/ETHNICITY:
(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)
 Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race
 White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East or North Africa
 Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa
 Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands
 Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam
 American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment
 Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races

WHERE DID YOU LEARN ABOUT THIS JOB?
 Walk-in
 Division Employee _____
 Internet _____
 Newspaper _____
 Other _____

CHECK THE HIGHEST GRADE COMPLETED

| | | | | | | | | | | | | | | | | | | | | | |
|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| GRADE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | COLLEGE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |