

Department of Energy, Labor & Economic Growth (DELEG) Employment Application

You must complete this form to apply for employment. Answers must be complete and legible.

APPLICANT INFORMATION				
Applicant's Name (Last, First, M.I.)			State Employee ID No. (If Applicable)	
Street Address			Area Code/Telephone No. (between 8am and 5pm)	
City	State	Zip Code	Drivers License No.	
E-mail Address			County	Are you a registered veteran w/ Civil Service? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a citizen of the United States or an alien authorized to work in the United States on a full or part-time basis? <input type="checkbox"/> Yes <input type="checkbox"/> No. If No, please explain				
Posting Number		Position Applying For		How did you learn of the vacancy?
Are any of your employment records under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, please provide names:				
EDUCATION AND TRAINING				
Check all applicable boxes. Attach photocopy of college transcript. (When required.)		College & Major		Date of Completion
<input type="checkbox"/>	High School Graduate/GED			
<input type="checkbox"/>	Associate's Degree			
<input type="checkbox"/>	Bachelor's Degree			
<input type="checkbox"/>	Master's Degree			
<input type="checkbox"/>	Other:			
OCCUPATIONAL LICENSES, REGISTRATION, CERTIFICATES				
License/Certificate Issued By	Field/Trade/Specialization	License/Certification No.	Issue Date	Expiration Date
Do you have any concerns regarding overnight travel? (If required in the performance of job duties) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.				
Do you have the use of a motor vehicle? (If required in the performance of job duties) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of a felony? If yes, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are there any felony charges pending against you? If yes, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been discharged, suspended or resigned in lieu of dismissal? If yes, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have any supplemental employment that will be a potential conflict of interest for the position you are applying for? If yes, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you related to anyone who currently works for the Dept. of Energy, Labor & Economic Growth? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate names of relatives and where they work.				

EMPLOYMENT HISTORY

Please list below all work-related experience, starting with the most recent employment and working backwards. Provide a detailed description of regularly assigned ongoing duties for each job. Additional sheets may be attached if necessary. Please attach a current resume to this application.

Classification	Job Title	Dates of Employment (Month & Year) From _____ To _____	
Employer		Supervisor Name and Title	
Business Address		Starting/Current Salary	Telephone No.
Description of job duties and give approximate percentage of major job duties.			Reason for leaving
<hr/>			
Classification	Job Title	Dates of Employment (Month & Year) From _____ To _____	
Employer		Supervisor Name and Title	
Business Address		Beginning/Ending Salary	Telephone No.
Description of job duties and give approximate percentage of major job duties.			Reason for leaving
<hr/>			
Classification	Job Title	Dates of Employment (Month & Year) From _____ To _____	
Employer		Supervisor Name and Title	
Business Address		Beginning/Ending Salary	Telephone No.
Description of job duties and give approximate percentage of major job duties.			Reason for leaving
<hr/>			
Classification	Job Title	Dates of Employment (Month & Year) From _____ To _____	
Employer		Supervisor Name and Title	
Business Address		Beginning/Ending Salary	Telephone No.
Description of job duties and give approximate percentage of major job duties.			Reason for leaving

Special Skills: List training, licenses, office machines you can operate, typing speed, languages you speak fluently, etc. and any other skills which add to your qualifications.

Do you have computer skills? Please list software programs you have used:

Do we have permission to contact your present employer? Yes No
Do we have permission to contact your previous employer? Yes No

Date available for employment: _____

References (List three PROFESSIONAL references who may be contacted)

Name and Address (Number, Street, City, State and Zip Code)	Telephone Number	Occupation



Visit our website at: <http://www.michigan.gov/dleg>

The Department of Energy, Labor & Economic Growth will not discriminate against any individual or group because of race, sex, sexual orientation, religion, age, national origin, color, marital status, political beliefs or disability. Applicants with a disability who may need an accommodation to participate in the interview process should make such a request when contacted to schedule an interview. This application form is available in alternate accessible formats upon request.

Applicant Certification

I certify that all information above is true and complete and I agree and understand that any falsification of material facts will result in forfeiting any rights to consideration for employment with the DELEG or possible dismissal, if discovered after I have been hired. In submitting this form I am authorizing DELEG to conduct a criminal history check on myself.

Applicant Signature

Date