

## NON-CAREER EMPLOYMENT APPLICATION

By authority of the Michigan Department of Natural Resources, Completion of this application is required to be considered for employment.

**INSTRUCTIONS:** Complete with black ink or type. Attach additional sheets as necessary.

Position Information									
Date	Position Applying For		Location						
Shifts Available			-						
☐ Days	☐ Afternoo	ons	☐ Midnights	☐ Weekends					
APPLICANT INFORMATION									
Applicant's Name (Last, Fi	rst, M.I.)		Telephone (Between 8 AM and 5 PM	(I) County of Reside	County of Residence				
Street Address, City, State, ZIP Code									
Email									
Where did you learn of	· ·	opportunity?	_						
☐ Civil Service Web S	ite/DNR Website		Other Web Site (please specify)						
Career/Job Fair (plea	se specify)		Other (please specify)	Other (please specify)					
☐ DNR Employee (pleas	e specify)								
Are you related to anyone who currently works for the Michigan DNR? If so, please indicate name(s) of relatives									
Have you ever been employed by the State of Michigan? If yes, please indicate date of employment and department?									
QOL NON-CAREER - Do you currently work for the State of Michigan?  YES NO									
QOL NON-CAREER - Have you worked for the State of Michigan in the last 3 months?  YES NO									
QOL NON-CAREER - If you answered "yes" to the above question, please indicate the department you worked for and the last date you worked.									
Have you been disciplined within the last 2 years? (reprimands need not be reported)  YES NO									
Have you ever been dismissed or resigned in lieu of dismis  YES NO		dismissal?	If yes, please explain						
Are you 18 years old or olde	er?		1						
YES NO									
		EDUCATION	I AND TRAINING						
CHECK ALL APPROPRI PHOTOCOPY OF TRAN COURSEWORK	SCRIPT (IF COLLEGE	SCH	IOOL AND ADDRESS	MAJOR	NUMBER OF HRS OR DATE OF COMPLETION				
☐ High School Grade	uate/GED								
Post High School, Business School	Vocational, or								
Associate's Degre	е								
College, less than	BA or BS Degree								
Bachelor's Degree									
Master's Degree									
Other:									

	MıLı	TARY E	XPERIENCE			
Branch of Service			Position			
Rank at Date of Discharge			Type of Discharge			
	ENSES, REGISTRATION			OMMERCIAL		
License/Certificate Issued by	Field/Trade/Specialization		Issue Date		Expiration Date	
	RELATED	EMPLO	DYMENT HISTORY			
description of regularly assigned of	ongoing duties for each job g a resume, instead of cor	npleting	ng percentage of time s this portion of the appli	spent on eac	king backwards. Provide a detailed ch duty. Additional sheets may be must indicate the number of hours	
Job Title			Employer			
Dates of Employment (mm/dd/yyyy) FROM:	TO:	Average	Hours Per Week	Number of E	Employees You Supervised	
Description of your duties and the	percentage of time spent o	n each d	uty			
%						
%						
%						
%						
%						
100%						
Job Title			Employer			
Dates of Employment (mm/dd/yyyy) FROM:	TO:		Hours Per Week	Number of E	Employees You Supervised	
Description of your duties and t	he percentage of time s	pent on	each duty			
%						
%						
%						
%						
%						
100%						
In applying for employment, it is unders references. May we also contact your					of contacting past employers regarding me of contact and telephone number.	
Name of Contact			To	elephone Nun	nber	

## **CERTIFICATION**

All persons offered employment in the classified service are required to submit to and pass a pre-employment drug test as a condition of employment. An applicant who refuses to submit to or fails a pre-employment drug test, interferes with a test procedure, or tampers with a test sample will be removed from all employment lists and will be disqualified from state employment for a period of three years. The State of Michigan is an equal opportunity employer, and government policy requires that consideration be given to all applicants without regard to race, color, religion national origin, ancestry, disability, political affiliation, age, or sex.

By submitting this application and any attachments, the applicant named above certifies that all information provided is true and accurate and contains no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify applicants from consideration for employment with the State of Michigan; or if hired, may be grounds for termination. Previous employers may be contacted for verification of employment history.

I hereby certify that the statements on this application are true and correct to the best of my knowledge.

Applicant's Signature	Date