

Date

Michigan Department of Treasury Local Unit Financial Advisor Application

INSTRUCTIONS: Complete this form and attach your resume. All applications will be reviewed to be considered for further formal vetting. Mail completed form and resume to: Valdemar L. Washington, Deputy State Treasurer, State of Michigan, Department of Treasury, 430 W. Allegan, Lansing, MI 48922, or e-mail to washingtonv1@michigan.gov. This form can **only** be used for a Local Unit Financial Advisor position.

Please type or print legibly.

Name (First, Middle, Last)			
Address (No., Street)			Home Telephone Number
City	State	ZIP Code	Daytime Telephone Number
Are you currently or have you ever been a State of Michigan employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, name the Department and current/prior Civil Service Classification.	

EDUCATION

Name and Address of High School		Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other, specify _____			
Name of College, University, Trade School or Special Training	Location	Credits Earned		Course of Study (Major)	Degree or Certificate Rec'd
		Term	SEM		
Other School					

PERSONAL BACKGROUND

	Yes	No
1. Have you ever been known by another name?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been convicted for any violation of the law other than minor traffic violations?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there any felony charges pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been discharged, asked to resign, or suspended by an employer?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been subjected to professional discipline?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you currently have a debt with the Michigan Department of Treasury?	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Background checks and criminal history checks will be made.

If you chose Yes for any of the questions directly above, explain here, including other names by which you have been known. Attach additional sheet(s) if necessary.

If the position requires travel, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, enter Driver's License Number.
Are you a Citizen of the U.S. or an alien authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, explain.

MILITARY SERVICE

Have you or your spouse served at least 90 days in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES (List at least three references other than relatives)		
Name/Title	Employer	Telephone Number
EMPLOYMENT HISTORY (List present or most recent employer first)		
Most Recent Employer (Company Name, Address, City, State, ZIP Code)		Employment Dates (From/To)
Name of Immediate Supervisor	Title	Telephone Number
Job Classification and Level	Salary	Hours per Week
Duties and Responsibilities		
Previous Employer (Company Name, Address, City, State, ZIP Code)		Employment Dates (From/To)
Name of Immediate Supervisor	Title	Telephone Number
Job Classification and Level	Salary	Hours per Week
Duties and Responsibilities		
Previous Employer (Company Name, Address, City, State, ZIP Code)		Employment Dates (From/To)
Name of Immediate Supervisor	Title	Telephone Number
Job Classification and Level	Salary	Hours per Week
Duties and Responsibilities		
Do we have permission to contact your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, enter Name and Telephone Number
Previous Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, enter Name and Telephone Number
SPECIAL SKILLS (List training, licenses, office machines you can operate, typing speed, fluent languages)		
CERTIFICATION		
I certify that all information contained in this application is true, complete, and made in good faith.		
Signature		Date

CRIMINAL HISTORY AND REFERENCE CHECKS

I, the undersigned, authorize the Department of State Police to conduct a criminal history file check by name and identifiers to determine the existence of any arrest resulting in conviction. I understand they will furnish a response to the Michigan Department of Treasury.

I understand that, in addition to the criminal history check, the Michigan Department of Treasury will check the references provided, and may also check other references, as part of the hiring process. Information requested may include, by way of illustration, not limitation, work experience, employment history, attendance records, disciplinary actions and job performance.

The personal information provided below will be used solely for the purposes stated herein. This authorization is executed with the full knowledge and understanding that the information will be used by the Michigan Department of Treasury in making employment decisions. Any false statements or omissions of material information during the hiring process or after hire may result in separation from employment.

I hereby authorize the release and disclosure of such information on request, and release from any and all liability the individual providing the reference and the institution or establishment he or she represents, including its officers, employees and related personnel, both individually and collectively.

Full Name (include full middle name)	Social Security Number
Have you ever been known by another name? If so, list name(s) used and explain.	
Operators License Number	Date of Birth
Signature	Date
FOR DEPARTMENT USE ONLY	
Criminal History: <input type="checkbox"/> Yes <input type="checkbox"/> No	