

Date

Michigan Department of Treasury Employment Application

Issued under the personnel policies of the Michigan Department of Treasury in accordance with Civil Service Rules.

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.

Please type or print legibly.

Name (Last, First, MI)			State Employee ID Number	Applicant ID Number
Address (No., Street)			Home Telephone Number	
City	State	ZIP Code	Daytime Telephone Number	
Position You Are Applying For		Date Avail. for Employment	Salary Amount Willing to Accept (per hour or year)	

Type of Employment
 Permanent/Full Time
 Permanent/Intermittent or Part Time
 Temporary/Non-Career
 Temporary/Limited Term

Are you currently or have you ever been a State of Michigan employee?
 Yes 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		
Business, Trade, Correspondence or Military School		Degree or Certification		Field of Study	
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"/>

NOTE: Because of the Department of Treasury's confidential work, 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?
 Yes No **If Yes, documentation of military service must be provided to Civil Service.**

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		If Yes, enter Name and Telephone Number
Present Employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Employer?		If Yes, enter Name and Telephone Number
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SPECIAL SKILLS (List training, licenses, office machines you can operate, typing speed, fluent languages)		
CERTIFICATION		
<p>I certify that all information contained in this application is true, complete, and made in good faith. I agree and understand any falsifications, omissions, misstatements, or misrepresentations above will result in my forfeiting any rights of consideration for employment with the Michigan Department of Treasury or, if hired, could lead to my dismissal. Under the Michigan Persons with Disabilities Civil Rights Act, a person with a disability may allege a violation of the Act regarding the failure to accommodate only if the person with a disability notifies the employer in writing of the need for accommodation within 182 days after the date the person with a disability knew or reasonably should have known an accommodation was needed. This does not preclude my rights under federal law which establishes a 300 day statute of limitation.</p>		
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	