WASHTENAW COUNTY HUMAN RESOURCES DEPARTMENT



220 North Main Street P.O. Box 8645 Ann Arbor, MI 48107-8645 (734) 222-6800 FAX: (734) 222-6775

TDD: (734) 994-1733

Job Hotline (24-hour): (734) 994-2409

Our jobs are posted on our Web Site: http://www.ewashtenaw.org An Equal Opportunity Employer

Welcome! We are pleased to have you consider employment with the County. Please take a moment to review the following Guiding Principles and Goals which each employee is charged to uphold.

Also, listed below are some helpful facts about the application process. Please remove the top page and take it with you for reference.

WASHTENAW COUNTY'S GUIDING PRINCIPLES AND GOALS

- 1. Ensure long-term fiscal stability for the County.
- 2. Reduce the cost of conducting the County's business.
- 3. Enhance customer service.
- 4. Provide the necessary knowledge, skills and resources to County employees to carry out these principles.
- 5. Ensure adequate provision of mandated services.
- 6. Focus on the "root causes" of problems that affect the quality of life of County citizens by aggressively pursuing prevention strategies.
- 7. Provide leadership on intragovernmental, intergovernmental and intersectoral cooperation and collaboration aimed at improving services to County citizens.

THE APPLICATION PROCESS

- * Applications from the general public must be submitted to the Human Resources Department, 220 North Main Street, P.O. Box 8645, Ann Arbor, MI 48107-8645. All applications must be submitted before 5:00 p.m. on the deadline date. Those received after the stated deadline will be marked "Late" and will not be processed. No applications are accepted unless there is an actual job opening.
- * The Human Resources Department is the central collection point for all applications. Once the applications have been collected, sorted, and processed, they will be sent to the appropriate departments. The departments will review all forwarded applications and will contact the people they wish to interview.
- * If you have heard nothing from the interviewing department in three to six weeks, you may assume that the position has been filled.
- You may obtain the latest job posting information by calling our Job Hotline at (734) 994-2409. This phone line is updated every Monday (if Monday is a holiday, the information will be available on Tuesday). Postings for vacant positions are also available for review in the Lobby of the Washtenaw County Administration Building, 220 North Main Street, Ann Arbor, Michigan. New postings occur every Monday morning. Look for our job postings on the internet at http://www.ewashtenaw.org.
- * When you fill out your application, please do so in its entirety. You are permitted to submit a resume on the back of your application as additional information. However, your application could be voided if you do not fully complete it and simply state on your application "See Resume."
- * If you are applying for a clerical position, you must take the clerical and typing exams prior to submitting your application. The clerical and typing exams are given once a week on Wednesday mornings at 9:00 a.m. at the Library Learning Resource Center, Washtenaw County Service Center, 4135 Washtenaw Ave., Ann Arbor, Michigan.
- * If, after having taken your exams, you wish to improve them, you may do so. The clerical test can be retaken every 60 days and the typing test every 30 days.
- * If you obtain a clerical position with Washtenaw County, you must update your clerical and typing scores every two (2) years.
- * Washtenaw County has an overall expectation from every employee to provide excellent public service to its citizens. Each employee is expected to be courteous, dependable, and must contribute and adhere to the County's Guiding Principles and Goals.



WASHTENAW COUNTY

APPLICATION FOR EMPLOYMENT (Application must be filled out in its entirety. Failure to do so may void your application.)

(PLEASE PRINT)

Submit applications no later than 5:00 p.m. on the posted deadline date.

ob Title	Department	Co	ontrol Number
Last Name	First Name		Middle Initial
Address: Number Street	City	State	Zip Code
Phone: Home Work	Cell	Social Sec	urity Number
Current Job Title: Current Department & Location: Union Member: Yes No If Yes, Nar Union Seniority Date (if applicable):	nty? If yes, please complete the informe of Union & Unit:	Current C Day phone #:	
Have you had any accidents during the past three	YesNo State of Issue:Commercial (CDLWP endorsement Passe years? How Many? past three year? How Many?		
Are you under 18 years of age?Yes If you are under 18 years of age, can you provide Have you ever been employed with us before? If yes, give date(s) and name employed under:	e required proof of your eligibility to work?	YesN	0
On what date would you be available for work?	ne?YesNo		

EMPLOYMENT EXPERIENCE:

(Start with your present or last job. You may include job-related military service assignment and volunteer activities.)

1. Employer:	
Address and Telephone Number:	
Job Title:	Supervisor:
Dates Employed: From	To
Hourly Rate/Salary: Starting	Final
Reason for Leaving:	
Work Performed:	
2 Employee	
	Supervisor:
Dates Employed: From	
Hourly Rate/Salary: Starting	
Reason for Leaving:	
Work Performed:	
3. Employer:	
Job Title:	Supervisor:
Dates Employed: From	To
Hourly Rate/Salary: Starting	
Reason for Leaving:	
	Supervisor:
Dates Employed: From	
Hourly Rate/Salary: Starting	
Warls Darformad	

Education: High School: Name and	Address of School		
Course of Study			
Years Completed	1	Diploma/Degree	Status
Undergraduate College:	Name and Address of So	chool	
Course of Study			
Years Completed		Diploma/Degree	Status
Graduate Professional:	Name and Address of Scl	hool	
Course of Study			
Years Completed	1	Diploma/Degree	Status
Technical, Business or Other School: (specify)	Name and Address of Sci	ehool	
Course of Study			
Years Completed	1	Diploma/Degree	Status
Specialized Skills & Level of	Skill: B = Beginner	I = Intermediate A = Advanced	
Computer	Microsoft Word	ExcelAccess Software	Visio
Powerpoint	Outlook	Multi-line Phone & Voice Mail System	Fax Machine
Copier	Video Camera	Website DevelopmentJD Edwards	
Other (please specify):		
List professional, trade, app	orenticeship, business or c	rivic activities and offices held:	
(If you need additional space			
Dlagga ligt two professional	/work references other the	an or in addition to the ones listed previously:	
•		•	
Name: Position:			
Company:			
Address:			
Leiebhone		relephone	

An application form sometimes makes it difficult for space below to add any additional information necession you are applying.		
I hereby authorize my former employers, as indicated I also specifically waive the written notice requirement reprimand or other disciplinary actions.		
I have read all questions and answers and certify that information on my qualifications for this position. I employed by the County. I further understand that if physical which includes drug testing for safety sensiti submitted; and, if any driving will be done for County obtained. For specific positions, extensive backgrounds.	understand any false statement or a T am offered employment, reference ve jobs (at County expense) may be purposes in a County vehicle or my	answer may be grounds for dismissal, if I should be es will be obtained from previous employers; a be required; proof of educational attainment must be
Signature:		Date:
Email Address:		
AN EQUA	L OPPORTUNITY EMPLOY	YER
FOR HUMAN RESOURCES USE ONLY	Application Accepted	Application Rejected
		Education
		ExperienceOther
Test Scores: Clerical Typing	Data Entry	



WASHTENAW COUNTY HUMAN RESOURCES

CONFIDENTIAL

APPLICANT DATA SHEET

(This form is for use by Human Resources only and will not be sent to department with application.)

Name:	Social Security Number:											
I am interested	in makin	g applicatio	n for the following	g position	n (one app	plication	form is re	equired for	or each pos	sition ap	oplied for):	
Job Title		Department			C	Control Number						
Are you capa	ble of per	forming the	essential function	s of the p	position y	ou have	applied fo	or with o	r without a	ccomm	odation? Y_	N
	tus of app f the follo	olicants. Tl	•						require per	iodic re	ports on gen	
African American/Black		ì	American Indian/ La Alaskan Native		Filipino	Other		Male	Female		Veteran	Vietnam Era Veteran
VETERANS:			IS SECTION TO						FERENCE	: To_		
How did you Advertising/I Friend (word *County empspecify:	Newspaper of mouth)					specify:_ Local Org]			
	ne and depa		ounty employee. The		ee you ide	entify may	be eligibl	e for recru	nitment ince	ntive if y	you become e	m-
			nderstand the requ	-	and spec	ifications	s for the j	ob.				
					Sig	nature	· · ·					Date