

EMPLOYMENT HISTORY
(List employment for the past 10 years, starting with present job. Including experience.)

(1) Company Name:		Address:	
Supervisor:	Phone:	City, State, Zip:	
Job Title:		Reason for Leaving:	
List Specific Duties:			

Dates Employed:	From	To	Salary: \$
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(2) Company Name:		Address:	
Supervisor:	Phone:	City, State, Zip:	
Job Title:		Reason for Leaving:	
List Specific Duties:			

Dates Employed:	From	To	Salary: \$
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(3) Company Name:		Address:	
Supervisor:	Phone:	City, State, Zip:	
Job Title:		Reason for Leaving:	

Dates Employed:	From	To	Salary: \$
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Company Name:		Address:	
Supervisor:	Phone:	City, State, Zip:	
List Specific Duties:			
Job Title:		Reason for Leaving:	

Dates Employed:	From	To	Salary: \$
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(If you need additional space please attach a separate sheet)

**PLEASE LIST THREE PEOPLE (WHO ARE NOT RELATED TO YOU)
WHO YOU HAVE KNOWN FOR AT LEAST ONE YEAR.**

NAME	ADDRESS CITY, STATE, ZIP	TELEPHONE NUMBER	OCCUPATION	YEARS ACQUAINTED

Authorization and Understanding

(PLEASE READ BEFORE SIGNING)

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, would affect this application unfavorably.

I authorize my previous employers, schools or persons named as references to give any information regarding employment or educational record. I agree that this company and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn or my employment is terminated because of false statements, omissions or answers made by me on this application. In the event of my employment with this company I will comply with all rules and regulations as set forth in any communication distributed to employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I am in receipt of a list of approved documents, which have been supplied with this application. (See Pg. 4)

I further understand and agree that my employment is for not definite period of time and may, regardless of the date of payment of wages or salary, be terminated for any reason and at any time without previous notice.

I hereby acknowledge that I have read and understood the above statements.

Signature: _____

Date: _____

LUCE-MACKINAC-ALGER-SCHOOLCRAFT DISTRICT HEALTH DEPARTMENT
14150 Hamilton Lake Road, Newberry, MI 49868
Phone: (906) 293-5107
Fax: (906) 293-5453

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the LMAS District Health Department, I have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize the investigation of my past and present work, character, education, military, and police records to ascertain any and all information, which may be pertinent to my employment qualifications.

The release in any manner of any and all information by you is authorized whether such information is of record or not, and I do hereby release all persons, firms, agencies or companies, whomsoever, from any damages resulting from furnishing such information.

This authorization shall be valid for six months from the date of my signature below. You may retain this copy of my release for your files. Thank you for your assistance.

Signature: _____ Date: _____

Type or print your name: _____

Witness: _____ Date: _____

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LIST A Documents that Establish Both Identity and Employment Eligibility OR	LIST B Documents that Establish Identity AND	LIST C Documents that Establish Employment Eligibility
<ol style="list-style-type: none"> 1. U.S Passport (unexpired or expired). 2. Certificate of U.S. Citizenship (<i>Form N-560 or N-570</i>) 3. Certificate of Naturalization (<i>Form N-550 or N-570</i>) 4. Unexpired foreign passport, with <i>I-551 Stamp</i> or attached <i>Form I-94</i> indicating unexpired employment authorization 5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>Form I-151 or I-551</i>). 6. Unexpired Temporary Resident Card (<i>Form I-688</i>). 7. Unexpired Employment Authorization Card (<i>Form I688A</i>) 8. Unexpired Reentry Permit (<i>Form I-327</i>) 9. Unexpired Refugee Travel Document (<i>Form I-571</i>) 10. Unexpired Employment Authorization Document issued by DHS that contains a photograph (<i>Form I688B</i>) 	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address. 3. School ID card with a photograph. 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependents ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-Care or nursery school record. 	<ol style="list-style-type: none"> 1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>) 2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>) 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal. 4. Native American tribal document. 5. U.S. Citizen ID Card (<i>Form I-179</i>). 6. ID Card for use of Resident Citizen in the United States (<i>Form I-179</i>) 7. Unexpired employment authorization document issued by DHS (<i>other than those listed under list A</i>)