



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
Type of Employment you will accept (check one or more) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Student		Shifts Available <input type="checkbox"/> Days <input type="checkbox"/> Afternoons <input type="checkbox"/> Midnights <input type="checkbox"/> Weekends

APPLICANT INFORMATION

Applicant's Name (Last, First, M.I.)	Applicant SSN/Employee ID (If known)	Drivers License Number
Street Address	Telephone (Between 8 AM and 5 PM) ()	County of Residence
City	State	ZIP
Email		

Where did you learn of this DNR employment opportunity?

Civil Service Web Site/DNR Website Other Web Site (please specify) _____
 Career/Job Fair (please specify) _____ Other (please specify) _____
 DNR Employee (please specify) _____

Are you related to anyone who currently works for the Michigan Department of Natural Resources? 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?

Have you been disciplined within the last 2 years? (reprimands need not be reported) <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Offense	Offense
Have you ever been dismissed or resigned in lieu of dismissal? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain	

Do you have a misdemeanor or felony charge pending? (includes delayed sentence, suspended sentence or diversion program) <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Offense	Offense	Location
Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> YES <input type="checkbox"/> NO	Offense	Disposition	

EDUCATION AND TRAINING

CHECK ALL APPROPRIATE BOXES -- ATTACH PHOTOCOPY OF TRANSCRIPT (IF COLLEGE COURSEWORK IS REQUIRED)	SCHOOL AND ADDRESS	MAJOR	NUMBER OF HRS OR DATE OF COMPLETION
<input type="checkbox"/> High School Graduate/GED			
<input type="checkbox"/> Post High School, Vocational, or Business School			
<input type="checkbox"/> Associate's Degree			
<input type="checkbox"/> College, less than BA or BS Degree			
<input type="checkbox"/> Bachelor's Degree			
<input type="checkbox"/> Master's Degree			
<input type="checkbox"/> Other:			

MILITARY EXPERIENCE

Branch of Service	Position
Rank at Date of Discharge	Type of Discharge

OCCUPATIONAL LICENSES, REGISTRATION, CERTIFICATES (INCLUDE COMMERCIAL DRIVER'S LICENSE)

License/Certificate Issued by	Field/Trade/Specialization	License / Certification No.	Issue Date	Expiration Date

RELATED EMPLOYMENT HISTORY

Please list below ALL of your work-related experience, starting with the most recent employment and working backwards. Provide a detailed description of regularly assigned ongoing duties for each job, including percentage of time spent on each duty. Additional sheets may be attached if necessary. If attaching a resume, instead of completing this portion of the application, you must indicate the number of hours worked per week and percentage of time spent on individual job duties.

Job Title		Employer		
Dates of Employment (mm/dd/yyyy)		Average Hours Per Week	Number of Employees You Supervised	
FROM:	TO:			
Description of your duties and the percentage of time spent on each duty				
100%				

Job Title		Employer		
Dates of Employment (mm/dd/yyyy)		Average Hours Per Week	Number of Employees You Supervised	
FROM:	TO:			
Description of your duties and the percentage of time spent on each duty				
100%				

In applying for employment, it is understood that the Michigan Department of Natural Resources reserves the privilege of contacting past employers regarding references. May we also contact your present employer at this time? YES NO If yes, please provide name of contact and telephone number.

Name of Contact

Telephone

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.

By submission of this application, I am authorizing the Michigan Department of Natural Resources to conduct a criminal history check as part of the pre-employment screening process.

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

Applicant's Signature

Date