

RELATED EMPLOYMENT HISTORY

➔ **PLEASE COMPLETE ALL SECTIONS, REGARDLESS OF WHETHER OR NOT RESUME IS ATTACHED**

List your most recent position first – and any other related employment history. (Use additional sheets if necessary)

DATES		NAME AND ADDRESS OF EMPLOYER	LAST RATE OF PAY	SUPERVISOR'S NAME/TITLE/PHONE	REASON FOR LEAVING
FROM	TO				
Mo/Date/Yr	Mo/Date/Yr				

[POSITION TITLE]

Describe the duties you performed.

Describe the aspects of the above job in which you worked with people.

DATES		NAME AND ADDRESS OF EMPLOYER	LAST RATE OF PAY	SUPERVISOR'S NAME/TITLE/PHONE	REASON FOR LEAVING
FROM	TO				
Mo/Date/Yr	Mo/Date/Yr				

[POSITION TITLE]

Describe the duties you performed.

Describe the aspects of the above job in which you worked with people.

REFERENCES

Please list three work-related references (no relatives) who have known you for at least one year- preferably a supervisor:

- | | | | | |
|----------|------|----------------|-----------------------|------------------------|
| 1. _____ | Name | Street Address | City, State, Zip Code | Phone No. w/ Area Code |
|----------|------|----------------|-----------------------|------------------------|
- | | | | | |
|----------|------|----------------|-----------------------|------------------------|
| 2. _____ | Name | Street Address | City, State, Zip Code | Phone No. w/ Area Code |
|----------|------|----------------|-----------------------|------------------------|
- | | | | | |
|----------|------|----------------|-----------------------|------------------------|
| 3. _____ | Name | Street Address | City, State, Zip Code | Phone No. w/ Area Code |
|----------|------|----------------|-----------------------|------------------------|

TRANSPORTATION INFORMATION

COMPLETE THIS SECTION **ONLY** IF YOU ARE APPLYING FOR A POSITION IN PARK OPERATIONS

- Do you possess a valid Michigan driver's license? No Yes
- Do you have reliable transportation? No Yes
- Do you possess a CDL? No Yes *If yes, indicate CDL Class & Expiration Date _____*

DRUG TESTING & CRIMINAL RECORDS CHECK

Applicants may be required to submit to, and pass, a pre-employment drug test; the results of the test must be negative to be hired by Mackinac State Historic Parks. Applicants may also undergo a criminal records check. By signing below you authorize all law enforcement agencies to disclose any criminal record

I certify that all of the information now and hereafter given by me in support of my Application for Employment is true and complete. I authorize you to verify any of the information concerning my employment, education, credit, disciplinary or medical history with the appropriate individuals, companies, institutions or agencies and I authorize them to release such information as you require, including my prior employment disciplinary records, without obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of such inquiries and disclosures. I understand that the giving of any false information in support of my Application may result in denial of my Application or in my immediate discharge at any time during my employment. For purposes of this Authorization and Waiver, a photocopy of my signature shall have the same force and effect as my original signature.

Applicant's Signature _____ **Date Signed** _____

*** **PLEASE INCLUDE A COVER LETTER AND RESUME WITH YOUR APPLICATION** ***

Please see our website for further information and job descriptions at www.MackinacParks.com.
Mackinac State Historic Parks is an Equal Opportunity Employer in compliance with all State or Federal Laws