

APPLICATION FOR EMPLOYMENT

WAYNE COUNTY, OHIO

An Equal Opportunity Employer

DATE OF APPLICATION : _____

POSITION(S) APPLIED FOR: _____

STATUS OF POSITION APPLIED FOR: **FULL-TIME** **PART-TIME** **OTHER**

REFERRAL SOURCE: **ADVERTISMENT** **FRIEND** **RELATIVE** **EMP. AGENCY** **OTHER**

LAST NAME: _____

FIRST NAME: _____ **M.I.** _____

ADDRESS:

CITY: _____ **STATE:** __ **ZIP:** _____

PHONE NUMBER: _____ **SOCIAL SECURITY NUMBER:** _____

ARE YOU AN ADULT, LEGALLY EMANCIPATED OR OTHERWISE LEGALLY ELIGIBLE TO WORK IN THE STATE OF OHIO? YES: NO:

ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? YES: NO:

HAVE YOU FILED AN APPLICATION WITH WAYNE COUNTY BEFORE? YES: NO:
DATES: _____

HAVE YOU BEEN EMPLOYED BY WAYNE COUNTY BEFORE? YES: NO:
DATES: _____

ARE YOU PRESENTLY ON LAYOFF AND SUBJECT TO RECALL? YES: NO:

DO ANY OF YOUR FRIENDS OR RELATIVES WORK FOR WAYNE COUNTY? YES: NO:

If yes, list name(s): _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES: NO:

If yes, please explain: _____

(The Employer will only consider specific crimes related to qualifications for position applied for.)

DO YOU HAVE ANY COMMITMENTS (I.E., SECOND JOB, SCHOOL, ETC.) WHICH MIGHT INTERFERE WITH , OR ADVERSLY AFFECT, YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR A POSITION. YES: NO:

If yes, please explain: _____

EMPLOYMENT HISTORY AND WORK EXPERIENCE

In this section, list all employment history and work experiences in date order, including military experience. Begin with your current employer. Use additional paper if necessary. Failure to include all employment may be grounds for disqualification.

CURRENT EMPLOYER: _____

(Enter "none" if unemployed)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT? YES NO

ADDRESS: _____

PHONE NUMBER: _____ **DATES EMPLOYED:** _____ **TO** _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ **PER** _____

ENDING SALARY: _____ **PER** _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

WHY DO YOU WANT TO LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____ **DATES EMPLOYED:** _____ **TO** _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ **PER** _____

ENDING SALARY: _____ **PER** _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

WHY DID YOU LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____ **DATES EMPLOYED:** _____ **TO** _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ **PER** _____

ENDING SALARY: _____ **PER** _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

WHY DID YOU LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____ **DATES EMPLOYED:** _____ **TO** _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ **PER** _____

ENDING SALARY: _____ **PER** _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

WHY DID YOU LEAVE? _____

If you need to list any additional previous employers, please use a blank sheet of paper to do so.

EDUCATION AND TRAINING

This section is intended to give the Employer information about the education and training that the applicant has completed, and to demonstrate the skills, knowledge, and abilities of the applicant to perform the job duties of the position.

HIGH SCHOOL ATTENDED: _____

ADDRESS: _____

DID YOU GRADUATE HIGH SCHOOL? YES NO

IF NO DO YOU HAVE A HIGH SCHOOL EQUIVALENT? YES NO

COURSES COMPLETED PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, ACHIEVEMENTS, ETC., RELATED TO THE POSITION APPLIED FOR:

COLLEGE OR TRADE SCHOOL ATTENDED: _____

ADDRESS: _____

DATES OF ATTENDANCE: _____ **TO** _____

DID YOU GRADUATE? _____ **DEGREE:** _____

COURSES COMPLETED PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, ACHIEVEMENTS, ETC., RELATED TO THE POSITION APPLIED FOR:

GRADUATE SCHOOL(S) ATTENDED: _____

ADDRESS: _____

DATES OF ATTENDANCE: _____ **TO** _____

DID YOU GRADUATE? _____ **DEGREE:** _____

COURSES COMPLETED PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, ACHIEVEMENTS, ETC., RELATED TO THE POSITION APPLIED FOR:

Please use the following space to provide any further information on training, education, skills, abilities, hobbies, volunteer work, etc., that you possess or have experienced that may be helpful in the evaluation of your application.

PLEASE LIST THREE REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU HAVE KNOWN AT LEAST ONE YEAR:

NAME: _____

PHONE: _____ **ADDRESS:** _____

NAME: _____

PHONE: _____ **ADDRESS:** _____

NAME: _____

PHONE: _____ **ADDRESS:** _____

Please answer the following questions if they are applicable to the position(s) for which you are applying.

DO YOU POSSESS A VALID STATE OF OHIO DRIVER'S LICNESE? YES NO

IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT? YES NO

DO YOU POSESS A VALID STATE OF OHIO COMMERCIAL DRIVERS LICENSE? YES NO

IF YES, WHAT CLASS OF LICENSE? _____

WHAT CDL ENDORSEMENTS? _____

IF NO, CAN YOU OBTAIN THE PROPER CLASS OF COMMERCIAL DRIVER'S LICNESE AND ENDORSEMENTS, FOR THE POSITION YOU ARE APPLYING FOR, PRIOR TO EMPLOYMENT?

YES NO

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each by placing your initials at the end of each paragraph. If you have any questions regarding one or more paragraphs, contact the Employer before initialing.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical/psychological examination that the Employer deems necessary to determine whether I can perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance abuse testing.

Initials: _____

2. I understand and accept that given the duties and responsibilities of the Employer, I may be required to work weekends, evening hours, or at other times as determined by the Employer, including overtime hours.

Initials: _____

3. I understand and accept that it may be necessary for me to sign waivers to allow the Employer to obtain information from my current and former employers, schools, and personal references.

Initials: _____

4. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the Employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

