

**APPLICATION FOR EMPLOYMENT
WAYNE COUNTY, OHIO**

An Equal Opportunity Employer

Please type or print responses to all of the questions contained on the entire application form.

DATE OF APPLICATION: _____

POSITION(S) APPLIED FOR: _____

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

REFERRAL SOURCE: _____ **ADVERTISEMENT** _____ **FRIEND**

_____ **RELATIVE** _____ **EMPLOYMENT 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 ADVERSELY 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 experience 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 EQUIVALENT?** _____

COURSES 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 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 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 LICENSE?

YES: _____ NO: _____

IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT?

YES: _____ NO: _____

DO YOU POSSESS A VALID STATE OF OHIO COMMERCIAL DRIVER'S LICENSE?

YES: _____ NO: _____

IF YES, WHAT CLASS OF LICENSE? _____

WHAT CDL ENDORSEMENTS? _____

IF NO, CAN YOU OBTAIN THE PROPER CLASS OF COMMERCIAL DRIVER'S LICENSE 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: _____

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE. I FURTHER UNDERSTAND THAT IF HIRED BY THE COUNTY, I MUST ABIDE BY ALL WAYNE COUNTY RULES AND REGULATIONS.

Applicants Signature

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview _____ **Yes** _____ **No** _____

Remarks _____

Interviewer _____ **Date** _____

Employed _____ **Yes** _____ **No** _____ **Date of Employment** _____

Job Title _____ **Hourly Rate/Salary** _____

Department _____

By: _____
Name/Title _____ **Date** _____
