

TUSCARAWAS COUNTY

PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS CONTAINED ON THE ENTIRE APPLICATION FORM.

Position Sought: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Home Address: \_\_\_\_\_ County: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Are you an adult, legally emancipated or otherwise legally eligible to work in the state of Ohio? \_\_\_\_\_ Yes \_\_\_\_\_ No

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. THE INFORMATION YOU PROVIDE MAY BE USED AND YOUR PREVIOUS EMPLOYERS MAY BE CONTACTED FOR THE PURPOSE OF INVESTIGATING YOUR WORK HISTORY.

ANY APPLICANT WHO IS APPLYING FOR EMPLOYMENT AS AN OPERATOR OF A COMMERCIAL MOTOR VEHICLE MUST MAKE CERTAIN TO PROVIDE HIS EMPLOYMENT HISTORY INFORMATION FOR AT LEAST TEN (10) YEARS PRECEDING THE DATE THE APPLICATION IS SUBMITTED.

Current Employer: \_\_\_\_\_

(Enter "None" if unemployed)

May we contact your current employer prior to employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If No, please explain why we cannot contact your current employer. \_\_\_\_\_

\_\_\_\_\_

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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.:

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Why do you want to leave? \_\_\_\_\_

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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.:

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Why did you leave? \_\_\_\_\_

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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.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL INFORMATION**

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: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_Yes \_\_\_\_\_No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

TUSCARAWAS COUNTY

(A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO YOUR EMPLOYMENT. FACTORS SUCH AS THE AGE AND TYPE OF OFFENSE, THE SERIOUSNESS AND NATURE OF THE VIOLATION, AND YOUR REHABILITATION WILL BE TAKEN INTO ACCOUNT.)

Are you legally permitted to work in the United States? \_\_\_Yes \_\_\_No

How long have you been a resident of the state of Ohio? \_\_\_\_\_

Can you provide proof of having been an Ohio resident for the period specified above?

\_\_\_Yes \_\_\_No

PLEASE LIST THREE (3) REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU HAVE KNOWN AT LEAST ONE (1) YEAR.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS IF THEY ARE APPLICABLE TO THE POSITION 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 (1) OR MORE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING.***

1. I understand and accept that any applicant who is under final consideration for a position that involves providing direct care to clients must undergo a criminal records check.

Initials: \_\_\_\_\_

2. 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: \_\_\_\_\_

3. 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: \_\_\_\_\_

4. I hereby authorize the employers, schools, and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic, and other records to the employer.

Initials: \_\_\_\_\_

5. 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: \_\_\_\_\_

6. I agree that any claim or lawsuit related to my service with Tuscarawas County must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

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 understand that any misrepresentation or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment. I recognize that my future employment will be jeopardized if I engage in substance abuse, alcohol abuse, or illegal drug use.

Applicant's Signature/Date \_\_\_\_\_