

HOLMES COUNTY
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

AGENCY _____

Applicants for employment with the County are evaluated and selected on the basis of individual merit and ability with respect to the position being filled. Applicants are selected and hired without discrimination based on race, color, religion, sex, age, national origin, political affiliation, disability or ancestry.

Applicants may request reasonable accommodation in the application/interview process.

PLEASE PRINT

NAME:	_____
ADDRESS:	_____
TELEPHONE:	_____ SOCIAL SECURITY NUMBER: _____
APPLICATION DATE:	_____
VETERAN:	<input type="checkbox"/> Yes <input type="checkbox"/> No Branch of Service: _____ Date of Discharge: _____
ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL DATA

Position(s) desired: _____ Full -Time Part-Time

Date available to start: _____

Have you previously applied for a job with the County? Yes No When? _____

Have you ever been employed by the County? Yes No When? _____

Reason for leaving: _____

Are you related to anyone employed by the County? Yes No

State name and relationship: _____

Have you ever been employed by another public employer in Ohio? Yes No

If yes, provide place and dates of service _____

Answer the following three questions only if driving is an essential function of the job for which you are applying.

Do you have a valid Ohio driver's license? Yes No

Has your driver's license been suspended or revoked within the last 3 years? Yes No

Do you presently have or are you willing to obtain a valid Ohio commercial driver's license? Yes No

Do you have any time commitments that might interfere with your employment?

Yes No

If yes, please explain: _____

Have you ever been employed by another public employer in Ohio?

Yes No

If Yes, provide place and dates of service _____

Are you able to perform the essential functions of the job(s) for which you are applying **with or without** reasonable accommodation? (please refer to the job description)

Yes No

If No, please explain _____

Have you ever been dismissed from or asked to resign from any employment position?

Yes No

If yes, please explain: _____

EDUCATIONAL DATA

NAME OF SCHOOL OR COLLEGE	LOCATION CITY, STATE, ZIP	MAJOR SUBJECT/DEGREE	SCHOLASTIC AVERAGE	DID YOU GRADUATE?
High School:				
College Or University:				
Other Schools Attended:				
Other (Courses, Special Training, Etc.):				

EMPLOYMENT DATA

List all previous employment for the last ten (10) years in chronological order – last position or current employer first – including U.S. Military, if applicable. Attach additional pages if needed or resume if desired.

Employer:		Telephone:
Address:		Final Salary:
Dates Employed From: To:	Positions Held:	Supervisor:
Reason for Leaving:		
Employer:		Telephone:
Address:		Final Salary:
Dates Employed From: To:	Positions Held:	Supervisor:
Reason for Leaving:		
Employer:		Telephone:
Address:		Final Salary:
Dates Employed From: To:	Position(s) Held:	Supervisor:
Reason for Leaving:		

If employed, why do you wish to leave your present employer?

May we contact your present employer for references?

Yes No

Describe briefly the type of work which you are best qualified to do by reason of background, education, previous employment or training, and tell why you feel qualifies for the position(s) for which you are applying:

List professional organizations memberships and offices held, **excluding** those which would indicate race, color, religion, sex, age, national origin, political affiliation, disability and/or ancestry:

PERSONAL REFERENCES OTHER THAN FORMER EMPLOYERS AND RELATIVES

NAME	ADDRESS AND TELEPHONE	OCCUPATION
1.		
2.		
3.		

CERTIFICATION

I certify that all information contained in this application is true, complete and correct to the best of my knowledge. I understand that any material omission, misrepresentation or falsification of this information is grounds for dismissal from or refusal of employment. I hereby authorize the investigation of all statements contained in this application and give permission to contact all or any of my previous employers, references and/or schools for information unless otherwise noted in this document, including permission to obtain information related to my prior work history. I also give my consent to contact the State Motor Vehicle Department for a Moving Vehicle Violation Report if such information is required to perform the duties of the position. I indemnify and hold harmless all persons either providing or receiving information, verbal or written, pursuant to this application.

APPLICANT'S SIGNATURE

DATE

FOR INTERNAL USE ONLY

ARRANGE INTERVIEW:

YES

NO

REMARKS:

INTERVIEWER'S SIGNATURE

DATE

EMPLOYED: YES NO

STARTING DATE: _____ STARTING RATE: _____

JOB TITLE: _____

HOLMES COUNTY
POST-OFFER BACKGROUND CHECK RELEASE

Have you ever been convicted of a crime? Yes No
If yes, please explain: _____

Have you ever been convicted of a felony? Yes No
If yes, please explain: _____

I, THE UNDERSIGNED, HEREBY UNDERSTAND THAT ANY OFFER OF EMPLOYMENT MADE BY HOLMES COUNTY WILL BE CONTINGENT UPON THE FOLLOWING:

- POST OFFER DRUG SCREEN
- CRIMINAL BACKGROUND CHECK
- REQUEST FOR A COPY OF MY DRIVER'S ABSTRACT REPORT

I FURTHER UNDERSTAND THAT THE FAILURE TO MEET MINIMUM COUNTY STANDARDS IN ANY OF THESE AREAS COULD NULLIFY ANY OFFER OF AN EMPLOYMENT.

I HEREBY RELEASE THE COUNTY TO ACQUIRE THE ABOVE INFORMATION FOR DETERMINATION MY ELIGIBILITY FOR EMPLOYMENT.

EMPLOYEE SIGNATURE

DATE

PLEASE READ THE FOLLOWING BEFORE COMPLETING OUR APPLICATION BLANK

1. THERE IS NO GUARANTEE OF A JOB INTERVIEW IN COMPLETING OUR APPLICATION BLANK. YOUR APPLICATION BLANK WILL BE CONSIDERED WITH OTHERS WHICH HAVE BEEN SUBMITTED.
2. OUR APPLICATION BLANK **MUST BE COMPLETELY** FILLED OUT IN ORDER FOR IT TO BE CONSIDERED FOR EMPLOYMENT.
3. IF THE INFORMATION PROVIDED ON OUR APPLICATION CAN NOT BE SATISFACTORILY VERIFIED BY EMPLOYMENT REFERENCE CHECKS, YOUR APPLICATION COULD BE CONSIDERED INCOMPLETE.
4. APPLICATIONS ARE FILED ACCORDING TO JOB TITLE. BE AS SPECIFIC AS POSSIBLE IN STATING THE JOB APPLYING FOR: **ANY** POSITION IS NOT ACCEPTABLE RESPONSE ON OUR APPLICATION BLANK.
5. DUE TO LARGE NUMBER OF APPLICATIONS WE RECEIVE AND COMPETITIVE NATURE OF OUR EMPLOYMENT PROCESS, SPECIFIC REASONS FOR EMPLOYMENT DECISIONS WILL **NOT** BE RELEASED.

_____, I have read the above statement.
Signature of Applicant

**HOLMES COUNTY
EQUAL EMPLOYMENT OPPORTUNITY**

The Ohio Fair Employment Practice Law prohibits employment practices that discriminate based on **race, color, religion, sex, age, national origin, qualifying disability, or ancestry**. The 1964 Civil Rights Act, Title VII, prohibits discrimination based on **race, color, religion, sex, or national origin**.

The Ohio Administrative Code, Section 4112-5-04, requires the Board of Holmes County Commissioner's to record and report the information listed below. Please help us comply by providing the answers to the following questions.

The Equal Employment Opportunity Form will be kept in a **CONFIDENTIAL FILE** separate from the Application for Employment. It will not be used to determine employment eligibility.

POSITION APPLIED FOR: _____

RACE/ETHNIC GROUP: American Indian/Alaskan Native
 Asian/Pacific Islander
 Hispanic
 Black
 White

SEX: Female
 Male

VIETNAM ERA VETERAN: Yes
 No

DISABLED VETERAN: Yes
 No

DO YOU HAVE A DISABILITY OR MEDICAL CONDITION THAT NEEDS TO BE ACCOMMODATED TO PROVIDE YOU WITH AN ACCESSIBLE WORK ENVIRONMENT?

Yes
 No

REFERRED BY: Job Posting Newspaper
 Friend Other (please specify): _____

Thank you for completing this form.

THIS INFORMATION IS TO BE UTILIZED FOR AFFIRMATIVE ACTION USE ONLY.

**HOLMES COUNTY
DRIVING ELIGIBILITY APPLICATION**

TO BE INCLUDED IN THE APPLICATION FOR ALL PROSPECTIVE NEW EMPLOYEES ESPECIALLY THOSE WHO MAY ON OCCASION DRIVE A COUNTY VEHICLE OR ANY OTHER VEHICLE ON BEHALF OF THE COUNTY.
(PLEASE PRINT)

FIRST MIDDLE & LAST NAME _____

ADDRESS _____

OHIO DRIVER'S LICENSE NUMBER _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

(THE ABOVE INFORMATION IS REQUIRED BY THE STATE OF OHIO TO RUN A MVR)

POSITION APPLIED FOR: _____

I UNDERSTAND THAT AS A CONDITION OF MY EMPLOYMENT I MUST HAVE A CURRENT AND VALID OHIO DRIVERS LICENSE AND AN ACCEPTABLE DRIVING RECORD WHICH MEETS THE STANDARDS OF THE COUNTY'S AUTO LIABILITY INSURER. I UNDERSTND THAT I MUST PAY FOR THE COUNTY TO OBTAIN A COPY OF MY DRIVER'S ABSTRACT REPORT.

I FURTHER UNDERSTAND THAT I MUST PROVIDE, WITH MY APPLICATION, PROOF OF PERSONAL AUTO LIABILITY INSURANCE THAT MEETS THE REQUIREMENTS OF THE STATE OF OHIO AND EXISTING COUNTY MINIMUM REQUIREMENTS.

QUESTIONNAIRE:

1. HAD AUTOMOBILE INSURANCE REJECTED, CANCELLED, REFUSED OR BEEN IN A HIGH RISK INSURANCE PROGRAM? _____
2. BEEN INVOLVED IN ANY ACCIDENT EITHER AT FAULT OR NOT AT FAULT? _____
3. BEEN ARRESTED FOR ANY TRAFFIC RELATED INCIDENTS? _____
4. HAD ANY TRAFFIC VIOLATIONS OTHER THAN PARKING? _____

PLEASE PROVIDE ALL DETAILS INCLUDING DATE AND LOCATIONS FOR ANY QUESTIONS THAT WERE ANSWERED BY "YES".

I UNDERSTAND THAT BY GIVING INCORRECT INFORMATION OR BY OMITTING INFORMATION I AM FALSIFYING MY APPLICATION AND THEREFORE SUBJECT TO DISMISSAL IF HIRED. I FURTHER AGREE THAT THE COUNTY AS MY EMPLOYER MAY CHECK MY DRIVING RECORD AT ANY TIME. I FURTHER AGREE TO REPORT TO MY SUPERVISOR ANY ACCIDENTS, ARREST, SUSPENSIONS OR CANCELLATION OF PERSONAL INSURANCE AS SOON AS POSSIBLE AFTER THEY OCCUR AND PRIOR TO DRIVING ANY VEHICLE ON BEHALF OF THE COUNTY.

PRIOR TO DRIVING ON BEHALF OF THE COUNTY: I AM FAMILIAR WITH THE COUNTY RESOLUTION REQUIRING DISCIPLINE FOR POOR DRIVING RECORD. I UNDERSTAND ALL OF THE ABOVE AND AGREE TO ALL REQUIREMENTS. I FURTHER ATTEST THAT ALL STATEMENTS MADE ME IN THIS REPORT ARE TRUE TO THE BEST OF MY KNOWLEDGE.

EMPLOYEE: _____ DATE: _____

HOLMES COUNTY
POST-OFFER BACKGROUND CHECK RELEASE

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EMPLOYEE SIGNATURE

DATE

