



HURON COUNTY
APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Please type or print responses to all of the questions contained on the entire application form. Please know that this constitutes a public record and is subject to distribution upon media requests. However, please be assured that all privacy laws (state and federal) are ardently observed thus protecting certain identifiers, your medical records, and your financial records.

POSITION SOUGHT: _____

LAST NAME: _____ FIRST NAME _____ M.I. _____

HOME ADDRESS: _____ COUNTY _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ OTHER PHONE: _____

ARE YOU AN ADULT? YES _____ NO _____

ARE YOU A CITIZEN OF THE UNITED STATES? YES _____ NO _____

All jobs require at least a high school diploma or its equivalent.

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)

AT THE POST-OFFER STAGE, MAY WE CONTACT YOUR CURRENT EMPLOYER?

YES: _____ NO: _____

ADDRESS: _____

PHONE NUMBER: _____

DATE 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: _____

DATE 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: _____

DATE 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

Please provide lists of schools attended and any pertinent diplomas, certificates, licenses, or registrations.

Please list the skills you possess which you believe prepare you for the position available. (Supervisor will list pertinent demands, for example: Can you type? How many words? Are you flexible and able to lift 20 lbs.)

Please list the equipment you are capable of operating.

Can you meet the attendance requirements for this position? (Supervisor to list hours needed.)

YES: _____

NO: _____

Please answer the following questions if they are applicable to the position for which you are applying. (This information will be considered for selection purposes only if such licenser is required by law to perform the duties of the position for which you are considered.)

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 HAVE OR ARE YOU WILLING AND ABLE TO OBTAIN A VALID STATE OF OHIO COMMERCIAL DRIVER'S LICENSE?

YES: _____ NO: _____

DO YOU HAVE AND MAINTAIN THE REQUIRED INSURANCE TO DRIVE IN THE STATE OF OHIO?

YES: _____ NO: _____

PLEASE GIVE THREE PROFESSIONAL REFERENCES FROM THOSE PERSONS ACQUAINTED WITH YOUR SKILL BASE AND JOB PERFORMANCE.

NAME: _____

ADDRESS: _____

PHONE: (DAY) _____ (EVENING) _____

NAME: _____

ADDRESS: _____

PHONE: (DAY) _____ (EVENING) _____

NAME: _____

ADDRESS: _____

PHONE: (DAY) _____ (EVENING) _____

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 as part of or prior to any medical examination.

Signature _____

2. I understand Huron County Government operations are certified as a Drug-Free Workplace as defined by the United State Drug-Free Workplace Act and by the State of Ohio. I understand strict compliance with defined performance criteria will require my participation in drug and alcohol testing and training.

Signature _____

3. I understand and accept that given the duties and responsibilities of the County of Huron, I may be required to work weekends, evening hours, or at other times determined necessary by the Employer, including mandatory overtime hours, and may also be required to be on-call.

Signature _____

4. I understand that a full time job with Huron County is to be my primary job.

Signature _____

5. I understand and accept that the Employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the Employer require that the Employer's employees do not have a past record of unlawful activities of which there are recorded convictions. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the Employer to investigate my background for any criminal or unlawful activity.

Signature _____

6. 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.

Signature _____

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 OF FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE OR ALCOHOL ABUSE.

Applicant's Signature

Date