

CRAWFORD COUNTY EMPLOYMENT APPLICATION

An Equal Opportunity Employer
FORM D

Crawford County is an Equal Opportunity Employer. No personnel decisions concerning any term or condition of employment shall be based upon race, color, religion, sex, national origin, age, disability, sexual preference, military status or pregnancy except where such criteria constitutes a bona fide occupational requirement.

Date: _____

JOB INTEREST

Position Desired: _____

Date Available for Employment: _____

PERSONAL DATA

Name: _____

Last
First
Middle Initial

Home Address: _____

City
State
Zip

County: _____ Home Phone: _____

Social Security No.: _____ Is Your Age Under 18? Yes No

EDUCATION AND TRAINING (Please do not abbreviate school names)

Full School Name	City	ST	Major Course Of Study	Did you Graduate	If No, Est. Grad Date	Degree	GPA
High School or Preparatory				Yes <input type="checkbox"/> No <input type="checkbox"/>			
Trade School/Technical Sch.				Yes <input type="checkbox"/> No <input type="checkbox"/>			
College				Yes <input type="checkbox"/> No <input type="checkbox"/>			
Graduate School				Yes <input type="checkbox"/> No <input type="checkbox"/>			

EMPLOYMENT

Were you ever employed by Crawford County?

Yes No

Dates Employed From:

Location:

Dates Employed To:

Starting with your current or most recent employment, list all previous employers. Include self-employment, military service, summer and part-time jobs for at least ten years. If you need to list any additional previous employers, please use a blank sheet of paper to do so.

CURRENT EMPLOYER

Company Name:

Start Date:

End Date:

Job Title and Duties

Street Address:

Department:

City:

State:

Telephone Number

() -

Beginning Salary \$ _____ per

Ending Salary \$ _____ per

My we contact this employer? Yes No

Reason for Leaving:

Name and Title of Manager

PREVIOUS EMPLOYERS

Company Name:

Start Date:

End Date:

Job Title and Duties

Street Address:

Department:

City:

State:

Telephone Number

() -

Beginning Salary \$ _____ per

Ending Salary \$ _____ per

Reason for Leaving:

Name and Title of Manager

Company Name:

Start Date:

End Date:

Job Title and Duties

Street Address:

Department:

City:

State:

Telephone Number

() -

Beginning Salary \$ _____ per

Ending Salary \$ _____ per

Reason for Leaving:

Name and Title of Manager

(CONTINUED ON NEXT PAGE)

PREVIOUS EMPLOYERS (Continued)

Company Name:	Start Date:	End Date:	Job Title and Duties
Street Address:	Department:		
City:	State:	Telephone Number () -	
Beginning Salary \$ per		Ending Salary \$ per	
Reason for Leaving:		Name and Title of Manager	

Company Name:	Start Date:	End Date:	Job Title and Duties
Street Address:	Department:		
City:	State:	Telephone Number () -	
Beginning Salary \$ per		Ending Salary \$ per	
Reason for Leaving:		Name and Title of Manager	

REFERENCES

Please list three people who have known you at least one year that we may contact with reference to your application. Do not include past or present employers or relatives. Include at least one business related reference.

<u>Reference Name</u>	<u>Address</u>	<u>Daytime Phone Number</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application. This could include any specialized training, education, skills, abilities, hobbies, volunteer work, etc. that would aid in evaluating your qualifications.

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? If yes, please explain.

Yes No
(Please check one)

Have you ever been convicted of a felony? If yes, please explain.

Yes No
(Please check one)

(The employer will only consider specific crimes related to qualifications for positions applied for.)

Do you possess a valid drivers license?

Yes No
(Please check one)

If no, can you obtain one prior to employment?

Yes No
(Please check one)

Are you eligible to work in the United States?

Yes No
(Please check one)

Are you a resident of Ohio?

Yes No
(Please check one)

If not, are you willing to become a resident upon employment?

Yes No
(Please check one)

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

I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the Crawford County deems necessary to determine whether I can physically 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: _____

If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening shifts or night shifts, including weekends and be on call and work mandatory overtime hours. Initials: _____

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 Crawford County, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded. Initials: _____

I understand and accept that Crawford County 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 Crawford County require that Crawford County's employees do not have a past record of unlawful activities. 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. Initials: _____

APPLICANT RELEASE AND ACKNOWLEDGEMENT

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 provide 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.

My signature below acknowledges that I have read, understand, and agree to the terms of the entire application.

Applicant's Signature: _____ Date: _____

CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE

I, _____, hereby permit representatives of the Crawford County office I am applying with to conduct a background investigation concerning matters related to my application for employment. As a result of this background investigation I understand that Crawford County will be seeking information from prior employers and other individuals that I may not have disclosed. By signing this release, I hereby consent all prior employers and educational institutions to provide necessary information to Crawford County during the background investigation. I hereby release, hold harmless and agree not to sue or file any claim of any kind against any current or former employer or educational institution, and any officer or employee of either, that in good-faith furnishes written or oral references as requested by Crawford County to complete its background investigation.

A photocopy or facsimile of this form that shows my signature is valid as an original.

Dated this _____ day of _____, 20__.

Witness

Applicant