



Ohio County Fiscal Court

An Equal Opportunity Employer

Application for Full-time Employment

It is the policy of the Ohio County Fiscal Court to provide employment, training, compensation, promotion, and other conditions of employment based on qualifications, without regard to race, color, religion, national origin, sex, age, marital or veteran status, the presence of non-job related disability, or any other legally protected status.

Position Applying _____ Date of Application _____

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip Code _____

Telephone Number(s) _____ Social Security Number _____

Job Interests

Wage/Salary Expected _____ per Hr.. _____ Week _____ Month _____

Date Available To Work _____ Are You Currently Employed _____

Were you ever employed by the county before? _____ What Dept. _____

Dates: _____ to _____

Education and Training

<u>Name and Location of School</u>	<u>Grade Completed</u>	<u>Course Degree</u>	<u>Class Standing</u>
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High School _____

College _____

Graduate School _____

Apprentice, Business, Technical, Military or Vocational _____

Other Training or Skills(Factory or Office Machines Operated, Special Courses, Military Training, etc.) _____

Describe any honors you have received _____

All Applications must be turned into the Career Center

Other Job Related Activities

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal sex, religion, national origin, age, ancestry, disability, or other protected status. _____

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience. _____

Military

Have you ever served in the military? _____ Branch of Service _____

Date Entered _____ Date of Discharge _____ Final Rank _____

Type of Discharge _____

Employment History

Start with your present or last job. It is suggested you submit a resume with your application to provide further detail of your experience.

Employer _____ Dates Worked: From _____ to _____

Address _____ Starting Salary: \$ _____ per _____

Job Title _____ Final Salary: \$ _____ per _____

Department _____ Supervisor _____ Phone _____

Reason for Leaving _____ May We Contact _____

Employer _____ Dates Worked: From _____ to _____

Address _____ Starting Salary: \$ _____ per _____

Job Title _____ Final Salary: \$ _____ per _____

Department _____ Supervisor _____ Phone _____

Reason for Leaving _____ May We Contact _____

Employer _____ Dates Worked: From _____ to _____

Address _____ Starting Salary: \$ _____ per _____

Job Title _____ Final Salary: \$ _____ per _____

Department _____ Supervisor _____ Phone _____

Reason for Leaving _____ May We Contact _____

References

Give the name, address, and daytime telephone number of three references who are not previous employers.

1. _____

2. _____

3. _____

Do you have any relatives presently employed by Ohio County Fiscal Court? _____

Do you have any relatives that currently hold office in County Government? _____

If yes, to the above questions, please list their names, dept. in which working and their relationship to you. _____

Do you have a valid driver's license? _____ License Number: _____

Are you able to perform the essential duties and responsibilities of the position in which needed? _____ If not, what accommodations are needed? _____

Have you since the age of 18 been convicted of a felony? _____

If yes, please give dates and explanation _____

Are you legally eligible for employment in the U.S.? _____

Can you provide documentation verifying your eligibility? _____

I understand that any false information made by me on this application, or any supplement thereto, will be sufficient grounds for immediate discharge if I am employed. I understand I must also complete and submit with my application the attached "APPLICANT'S STATEMENT" any other information as required.

Applicant's Signature

Date

Ohio County Fiscal Court Applicant's Statement

I agree to submit to and satisfactorily pass, when required by applicable law and policies, a post-offer pre-employment drug and alcohol screen by a qualified party of the County's choosing, a post-offer physical examination by a physician of the County's choosing, to submit to reexamination when required, and to authorize the release of any medical information to the Ohio County Fiscal Court.

I understand, if accepted for employment, that this application does not constitute an employment contract, expressed or implied. An individual's employment and compensation can be terminated at any time at the option of either the Ohio County Fiscal Court or the employee in accordance with applicable personnel policy and applicable law. No supervisor or acting legislative body, has the authority to enter any agreement for employment for any specified period of time or to modify an agreement at anytime.

I agree with the Ohio County Fiscal Court to accept the provisions of the Worker's Compensation Laws.

I authorize persons, schools, current employers, previous employers, and organizations named in this application (and accompanying resume, if any) to provide the Ohio County Fiscal Court with any relevant information that may be required to arrive at any employment decision. I authorize the County to investigate my driving record, criminal history and any other pertinent information as is necessary to arrive to an employment decision, in accordance with applicable County policy, procedure, and law. I agree to cooperate in such investigations, and release those parties supplying such information to the County from all liability or responsibility with respect to information supplied

I agree to abide by the policies, procedures, and directives of the employer. I acknowledged that such policies, procedures, and directive may change, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option and without any prior notice to me.

I understand that any false answers or statements made by me on this application, statement, or any supplement thereto or in connection with the above mentioned investigations, will be sufficient grounds for immediate discontinuation of consideration of the employment, and immediate discharge, if I am employed.

Applicant's Signature

Date