



# Ohio County Fiscal Court

An Equal Opportunity Employer

## Application for 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 \_\_\_\_\_

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**All Applications must be turned into the OCFC Payroll Department or the Department you are applying for.**

## 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 \_\_\_\_\_

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Employer \_\_\_\_\_ Dates Worked: From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Job Title \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Department \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May We Contact \_\_\_\_\_

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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: \_\_\_\_\_

Do you have CDL Lisence,( REQUIRED for Road Department Employees). Yes\_\_\_ No\_\_\_

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.

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Applicant's Signature

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Date