



# APPLICATION FOR EMPLOYMENT WAYNE COUNTY, OHIO



An Equal Opportunity Employer

Please type or print responses to all of the questions contained on the entire application form.

POSITION(S) APPLIED FOR: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST NAME & M.I.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

REFERRAL SOURCE:

WORD OF MOUTH:  \_\_\_\_\_

ONLINE:  \_\_\_\_\_

SOCIAL MEDIA:  \_\_\_\_\_

COUNTY WEBSITE:  \_\_\_\_\_

NEWSPAPER:  \_\_\_\_\_

	YES:	NO:
ARE YOU AN ADULT, LEGALLY EMANCIPATED OR OTHERWISE LEGALLY ELIGIBLE TO WORK IN THE STATE OF OHIO AND ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU POSSESS A VALID STATE OF OHIO DRIVER'S LICENSE THAT IS NOT CURRENTLY SUSPENDED?	<input type="checkbox"/>	<input type="checkbox"/>
IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU POSSES A VALID STATE OF OHIO COMMERCIAL DRIVERS LICENSE? IF YES, LIST CLASS & ENDORSEMENTS: _____	<input type="checkbox"/>	<input type="checkbox"/>
IF NO, AND REQUIRED FOR THIS POSITION, CAN YOU OBTAIN THE PROPER CLASS OF COMMERCIAL DRIVER'S LICENSE AND ENDORSEMENT PRIOR TO EMPLOYMENT?	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU BEEN EMPLOYED BY WAYNE COUNTY BEFORE? IF YES, LIST DATES & OFFICES: _____	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU FILED AN APPLICATION WITH WAYNE COUNTY BEFORE? IF YES, LIST DATES & OFFICES: _____	<input type="checkbox"/>	<input type="checkbox"/>
DO ANY OF YOUR FRIENDS OR RELATIVES WORK FOR WAYNE COUNTY? IF YES, LIST NAME(S): _____	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU PRESENTLY ON LAYOFF AND SUBJECT TO RECALL?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU HAVE ANY COMMITMENTS (I.E., SECOND JOB, SCHOOL) WHICH MIGHT INTERFERE WITH, OR ADVERSELY AFFECT, EMPLOYMENT WITH WAYNE COUNTY?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES, EXPLAIN: _____		

## 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, enter "none" if unemployed. Use additional paper if necessary. Failure to include all employment may be grounds for disqualification.

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**CURRENT EMPLOYER:** \_\_\_\_\_ **START DATE:** \_\_\_\_\_

**MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT?** YES:  NO:

**CITY AND STATE:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR'S NAME:** \_\_\_\_\_

**BEGINNING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_ **ENDING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_

**DESCRIBE YOUR DUTIES (if not included on attached resume):** \_\_\_\_\_

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**WHY DO YOU WANT TO LEAVE?** \_\_\_\_\_

**PREVIOUS EMPLOYER:** \_\_\_\_\_ **DATES EMPLOYED:** \_\_\_\_\_ **TO** \_\_\_\_\_

**CITY AND STATE:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR'S NAME:** \_\_\_\_\_

**BEGINNING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_ **ENDING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_

**DESCRIBE YOUR DUTIES (if not included on attached resume):** \_\_\_\_\_

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**WHY DID YOU LEAVE?** \_\_\_\_\_

**PREVIOUS EMPLOYER:** \_\_\_\_\_ **DATES EMPLOYED:** \_\_\_\_\_ **TO** \_\_\_\_\_

**CITY AND STATE:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR'S NAME:** \_\_\_\_\_

**BEGINNING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_ **ENDING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_

**DESCRIBE YOUR DUTIES (if not included on attached resume):** \_\_\_\_\_

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**WHY DID YOU LEAVE?** \_\_\_\_\_

## EDUCATION AND TRAINING

This section is intended to give the Employer information about the education and training that the applicant has completed, and to demonstrate the skills, knowledge, and abilities of the applicant to perform the job duties of the position.

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**HIGH SCHOOL ATTENDED:** \_\_\_\_\_ **CITY AND STATE:** \_\_\_\_\_

**DID YOU GRADUATE?**     **YES**                       **NO**                       **HIGH SCHOOL EQUIVALENT**

**RELEVANT COURSES, ACTIVITIES, AWARDS, ACHIEVEMENTS, ETC.:** \_\_\_\_\_

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**COLLEGE OR TRADE SCHOOL ATTENDED:** \_\_\_\_\_ **CITY AND STATE:** \_\_\_\_\_

**DEGREE:** \_\_\_\_\_ **DATES ATTENDED:** \_\_\_\_\_

**RELEVANT COURSES, ACTIVITIES, AWARDS, ACHIEVEMENTS, ETC.:** \_\_\_\_\_

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**GRADUATE SCHOOL(S):** \_\_\_\_\_ **CITY AND STATE:** \_\_\_\_\_

**DEGREE:** \_\_\_\_\_ **DATES ATTENDED:** \_\_\_\_\_

**RELEVANT COURSES, ACTIVITIES, AWARDS, ACHIEVEMENTS, ETC.:** \_\_\_\_\_

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**LIST ANY ADDITIONAL TRAINING, EDUCATION, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK, ETC THAT MAY BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION:**

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**PLEASE LIST THREE WORK REFERENCES THAT ARE NOT RELATED TO YOU AND THAT YOU HAVE KNOWN AT LEAST ONE YEAR. BY LISTING REFERENCES, YOU ARE AGREEING THAT WE MAY CONTACT THEM.**

**NAME #1:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CITY AND STATE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**NAME #2:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CITY AND STATE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**NAME #3:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CITY AND STATE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**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.**

**INITIAL:**

- 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.** \_\_\_\_\_
  
- 2. I understand that the County may run a background check before or after an offer of employment is made. Employment is contingent on said background check, whether done prior to the start of employment or if the results arrive after employment has already begun. I agree to provide whatever information is needed to perform the background checks. Applicants will be notified prior to a background check being conducted.** \_\_\_\_\_
  
- 3. I understand and accept that given the duties and responsibilities of the Employer, I may be required to work weekends, evening hours, or at other times as determined by the Employer, including overtime hours. I also understand that any overtime hours worked may be compensated in the form of comp time and not as overtime pay, unless previously agreed to otherwise.** \_\_\_\_\_
  
- 4. I understand and accept that it may be necessary for me to sign waivers to allow the Employer to obtain information from my current and former employers, schools, and certifications.** \_\_\_\_\_
  
- 5. I understand and accept that if any information 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, up to and including termination, if any information required by this application has been falsified or intentionally excluded.** \_\_\_\_\_
  
- 6. I understand that Wayne County is a Drug Free Workplace and that my employment or offer of employment is conditioned on my cooperation and compliance with the Wayne County Policy and Program, which prohibits the use of illegal drugs, controlled substances/drugs, and all harmful intoxicants defined by ORC 2925.01 and ORC 3719.01; this includes medical marijuana.** \_\_\_\_\_

**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 RECOGNIZE THAT IF DISHONESTY IS DISCOVERED ON THIS APPLICATION OR ON AN ACCOMPANYING RESUME DURING THE INTERVIEW, DURING THE HIRING PROCESS OR AFTER HIRE, MY FUTURE EMPLOYMENT WITH THE EMPLOYER MAY BE JEOPARDIZED. I ALSO RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER MAY BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE. I FURTHER UNDERSTAND THAT IF HIRED BY THE COUNTY, I MUST ABIDE BY ALL WAYNE COUNTY RULES AND REGULATIONS, AND THAT IF STATE OR FEDERAL LAW DISQUALIFIES ME DUE TO A PARTICULAR CRIMINAL HISTORY, THAT LAW WILL BE UPHELD IN THE TERMINATION OF MY POSITION OR REMOVAL FROM THE CANDIDATE PROCESS.**

\_\_\_\_\_  
**Applicants Signature**

\_\_\_\_\_  
**Date**



# WAYNE COUNTY, OHIO EQUAL EMPLOYMENT OPPORTUNITY FORM



**Applicants are requested to complete this form which will be used for statistical purposes only. A decision to not provide the requested information will have no effect on an applicant's chances for employment with Wayne County. This information will be maintained separate from the application for employment. Please type or print your responses. This information is not used or considered in any hiring decisions. Wayne County is an Equal Opportunity Employer.**

**POSITION(S) APPLIED FOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

**SEX:**      **FEMALE**       **MALE**

**ETHNIC CATEGORY (CHECK ONE):**

- WHITE**
- BLACK OR AFRICAN AMERICAN**
- HISPANIC OR LATINO**
- ASIAN**
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER**
- AMERICAN INDIAN OR ALASKAN NATIVE**
- TWO OR MORE RACES**