Union County, Ohio is an equal opportunity employer. Union County, Ohio does not deny equal opportunity in hiring, tenure, terms, conditions, or privileges of employment on the basis of race, color, religion, sex, national origin, disability, ancestry, age, sexual orientation, or other legally protected status.

Please type or print responses to the questions and information requested below. Note that this completed application for employment will become a public record upon submission to Union County and subject to disclosure under Ohio Public Records Law. Please note, if offered employment, you may be subject to a medical physical, drug/alcohol screen, Bureau of Motor Vehicle license check, and/or fingerprint background check.

POSI	TION APPLYING FOR:				
PERS	ONAL INFORMATION:				
NAMI	E:(Last)	(First)	<u>(V)</u>	Middle)	
ADDR	ESS:				
	(Number)	(Street)			
CITY:		STATE:	_ ZIP CODE:		
PRIMA	ARY TELEPHONE NUMBER:				
OTHE	OTHER TELEPHONE NUMBER: E-MAIL:				
APPL	ICANT QUESTIONS:				
1.	Are you legally eligible to work in	the United States of America?		\square Yes	□ No
2.	Are you currently or have you ever a. If yes, what office/department?	1 0	•	□ Yes	□ No
3.	Do you have any relatives employe	ed by Union County?		□ Yes	□ No
	a. If yes, please list name, relation	nship, and office/department:			
4.	Have you ever been involuntarily ta. If yes, please explain:	erminated or asked to resign fr	om employment?	□ Yes	□ No
5.	Desired Start Date:				
6.	Desired Salary or Hourly Rate:				

7. Are you cu	urrently employed?			□ Yes	□ No
a. If emp	loyed, may we contact your p	oresent employer?		□ Yes	□ No
b. If we constitute by the best between the best best best between the best best best best best best best bes	annot contact your present e	mployer, please exp	lain:		
School	Name of Institution	City/State	Did you graduate? (Yes or No)	Degree Earned of Course of Study	
High School or GED			□ Yes □ No		
College			□ Yes □ No		
Graduate School			□ Yes □ No		
Other			□ Yes □ No		
TITLE:	ifications or Licenses:				
#:		ISSUE	ED BY:		
DATE ISSUED:		EXPIR	RATION DATE:_		
DRIVER'S LICE	ENSE:				
Do you possess a	valid state Driver's License?			□ Yes	□ No
State of Issuance:			se #:		
	B, C):				

EMPLOYMENT INFORMATION: Please indicate your work experience, beginning with the most recent employment, and be specific in your description of job duties. Include **all** relevant work experience, volunteer work, and military service, if applicable. Attach resume or additional sheets, if necessary.

Name of Employer: Address of Employer:					
Job Title:	Salary:	Start Date:	End Date:		
Reason for Leaving:					
Job Duties:					
Name of Employer:					
Address of Employer:					
Supervisor's Name and Title:			Supervisor's Phone #:		
Job Title:	Salary:	Start Date:	End Date:		
Reason for Leaving:					
Job Duties:					
Name of Employer:					
Supervisor's Name and Title:			Supervisor's Phone #:		
Job Title:	Salary:	Start Date:	End Date:		
Reason for Leaving:					
Job Duties:					

PROFESSIONAL REFERENCES: Please indicate three (3) persons, not related to you, who can be contacted regarding your work or academic performance.

Name:	Title:
E-mail:	Contact Number:
Name:	Title:
E-mail:	Contact Number:
Name:	Title:
E-mail:	Contact Number:
CERTIFICATION OF APPLICATION:	
complete to the best of my knowledge. I understand employing me or for dismissing me after I begin werifying identity and employment eligibility in the any and all information given on this application. I the Union County and will not be returned. I under the Ohio Public Records Act. I understand that Union	every statement I have made in this application is true and I that any false or incomplete answer may be grounds for not york. I understand that I will have to produce documentation to United States. I understand that I may be required to verify understand that this completed application is the property of stand that my application is subject to disclosure pursuant to on County may contact prior employers and other references. any changes in my name, address, phone number, or email ion County may be sent via email.
application. I authorize any third party organization I also authorize and consent any employers, school resume) to provide information regarding my en (including but not limited to performance evaluation reprimand, and opinions regarding my suitability for drug test, as a condition of employment or at any release and discharge, absolve, indemnify and hold firm, corporation, school or government agency, i liability, demands, causes of action, damages, or	nty to verify the information contained in my employment to perform a consumer report and background investigation. ols, or persons listed on this application (or accompanying imployment, qualifications, and character to Union County in and reports, job descriptions, disciplinary reports, letters of or employment). I understand that I may be required to take a time during employment. I voluntarily and knowingly, fully harmless you, your agents and any former employer, person, its officers, employees and agents from any and all claims, costs, including attorney's fees, present of future, whether arising from or incident to the disclosure or release of any reporting agency.
County must be filed no more than six (6) months	e that any claim or lawsuit relating to my service with Union after the date of the employment action that is the subject of ons to the contrary. I have read and understand the contents and competent to complete it.
Signature:	Date:

UNION COUNTY RECORD-MAINTENANCE FORM

The Federal Guidelines on Employee Selection (1978) require employers to maintain and have available for inspection, records or other information which will disclose the impact which the employer's test and other selection procedures have upon employment opportunities of person by identifiable race, gender, and ethnic group. Compliance with this mandate requires that each applicant be requested to complete the following questions relating to gender and race. Your responses to the questions relating to gender and race are voluntary.

Information concerning your knowledge that a position was available will assist us in our recruitment efforts.

Th	ank you	for your cooperation.		
1.	Positio	ition applied for:		
2.	Gende	Gender: (Please check one)		
	□ Male	e □ Female □ Do Not Care to Respond		
3.	Race:	(please check the category that applies to you)		
	□ White/Caucasian			
□ Black/African-American				
	□ American Indian (including Alaskan Natives)			
☐ Asian (including Pacific Islanders)		Asian (including Pacific Islanders)		
		Hispanic (including persons of Mexican, Puerto Rican, Cuban, Central or South American origin or culture, regardless of race)		
		Other (specify)		
		Do Not Care To Respond		
4.	4. Are you a veteran of the armed forces?			
	□ Yes	□ No □ Do Not Care to Respond		
5. How did you hear about this position?		id you hear about this position?		
		Job Posting		
		Word of Mouth		
		Union County Website		
		Bulletin Board (please specify where)		
		Newspaper (please specify)		
		Internet (please specify)		
		Other (please specify)		