

**UNION COUNTY
APPLICATION FOR EMPLOYMENT**

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.

POSITION APPLYING FOR: _____

PERSONAL INFORMATION:

NAME: _____
 (Last) (First) (Middle)

ADDRESS: _____
 (Number) (Street)

CITY: _____ STATE: _____ ZIP CODE: _____

PRIMARY TELEPHONE NUMBER: _____

OTHER TELEPHONE NUMBER: _____ E-MAIL: _____

APPLICANT QUESTIONS:

1. Are you legally eligible to work in the United States of America? Yes No
2. Are you currently or have you ever been employed by Union County? Yes No
 - a. If yes, what office/department? _____
3. Do you have any relatives employed by Union County? Yes No
 - a. If yes, please list name, relationship, and office/department:
4. Have you ever been involuntarily terminated or asked to resign from employment? Yes No
 - a. If yes, please explain:
5. Desired Start Date: _____
6. Desired Salary or Hourly Rate: _____

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7. Are you currently employed? Yes No
- a. If employed, may we contact your present employer? Yes No
- b. If we cannot contact your present employer, please explain:

EDUCATION:

School	Name of Institution	City/State	Did you graduate? (Yes or No)	Degree Earned or Course of Study
High School or GED			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Job Specific Certifications or Licenses:

TITLE: _____

#: _____

ISSUED BY: _____

DATE ISSUED: _____

EXPIRATION DATE: _____

DRIVER'S LICENSE:

Do you possess a valid state Driver's License? Yes No

State of Issuance: _____

License #: _____

License Class (A, B, C): _____

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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: _____

Supervisor's Name and Title: _____ Supervisor's Phone #: _____

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: _____

Address of Employer: _____

Supervisor's Name and Title: _____ Supervisor's Phone #: _____

Job Title: _____ Salary: _____ Start Date: _____ End Date: _____

Reason for Leaving: _____

Job Duties:

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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:

By signing this application, I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. I understand that any false or incomplete answer may be grounds for not employing me or for dismissing me after I begin work. I understand that I will have to produce documentation verifying identity and employment eligibility in the United States. I understand that I may be required to verify any and all information given on this application. I understand that this completed application is the property of the Union County and will not be returned. I understand that my application is subject to disclosure pursuant to the Ohio Public Records Act. I understand that Union County may contact prior employers and other references. I understand that I must notify Union County of any changes in my name, address, phone number, or email address. I understand that communications with Union County may be sent via email.

I voluntarily and knowingly authorize Union County to verify the information contained in my employment application. I authorize any third party organization to perform a consumer report and background investigation. I also authorize and consent any employers, schools, or persons listed on this application (or accompanying resume) to provide information regarding my employment, qualifications, and character to Union County (including but not limited to performance evaluation and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment). I understand that I may be required to take a drug test, as a condition of employment or at any time during employment. I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless you, your agents and any former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any such information to you, your agents, or consumer reporting agency.

READ CAREFULLY BEFORE SIGNING: I agree that any claim or lawsuit relating to my service with Union County must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary. I have read and understand the contents of this employment application and am fully able 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.

Thank you for your cooperation.

1. Position applied for: _____

2. Gender: (Please check one)

- Male 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)
 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. Are you a veteran of the armed forces?

- Yes No Do Not Care to Respond

5. How did 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) _____