

PICKAWAY COUNTY APPLICATION FOR EMPLOYMENT

PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS CONTAINED IN THE ENTIRE APPLICATION FORM.

POSITION SOUGHT: _____ DATE: _____

NAME: _____

Last

First

Middle Initial

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

COUNTY: _____ HOME PHONE: _____

SOCIAL SECURITY NUMBER: _____

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. USE ADDITIONAL PAPER IF NECESSARY. FAILURE TO INCLUDE ALL EMPLOYMENT MAY BE GROUNDS FOR DISQUALIFICATION.

CURRENT EMPLOYER: _____

(Enter "None" if unemployed)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT?

YES ___ NO ___

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: FROM _____ TO _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

WHY DID YOU LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: FROM: _____ TO: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ END SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

WHY DID YOU LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____
PHONE NUMBER: _____
DATES EMPLOYED: FROM _____ TO: _____
JOB TITLE: _____
SUPERVISOR'S NAME: _____
BEGINNING SALARY: _____ PER _____ ENDING SALARY: _____ PER _____
DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

WHY DID YOU LEAVE? _____

PREVIOUS EMPLOYER: _____
ADDRESS: _____
PHONE NUMBER: _____
DATES EMPLOYED: FROM _____ TO: _____
JOB TITLE: _____
SUPERVISOR'S NAME: _____
BEGINNING SALARY: _____ PER _____ ENDING SALARY: _____ PER _____
DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

WHY DID YOU LEAVE? _____

PREVIOUS EMPLOYER: _____
ADDRESS: _____
PHONE NUMBER: _____
DATES EMPLOYED: FROM _____ TO: _____
JOB TITLE: _____
SUPERVISOR'S NAME: _____
BEGINNING SALARY: _____ PER _____ ENDING SALARY: _____ PER _____
DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

WHY DID YOU LEAVE? _____

IF YOU NEED TO LIST ANY ADDITIONAL PREVIOUS EMPLOYERS, PLEASE USE A BLANK SHEET OF PAPER TO DO SO.

EDUCATION AND TRAINING

THIS SECTION IS INTENDED TO GIVE PROVIDE INFORMATION ABOUT THE EDUCATION AND TRAINING THAT THE YOU HAVE COMPLETED, AND TO DEMONSTRATE THE SKILLS, KNOWLEDGE, AND ABILITIES YOU POSSESS TO PERFORM THE JOB DUTIES OF THE POSITION.

HIGH SCHOOL ATTENDED: _____

GRADUATION DATE: _____

POST HIGH SCHOOL DEGREES:

DEGREE: _____

COLLEGE/UNIVERSITY: _____

PERSONAL INFORMATION

DO YOU HAVE ANY COMMITMENTS (I.E., SECOND JOB, SCHOOL, ETC.) WHICH MIGHT INTERFERE WITH, OR ADVERSELY AFFECT, YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR A POSITION? YES _____NO_____

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR PLEAD GUILTY TO A FELONY CHARGE? YES _____NO_____

IF YES, PLEASE EXPLAIN: _____

(THE EMPLOYER WILL ONLY CONSIDER SPECIFIC CRIMES RELATED TO QUALIFICATIONS OR POSITIONS APPLIED FOR.)

DO YOU POSSESS A VALID DRIVERS LICENSE? YES _____NO_____

IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT? YES _____NO_____

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES _____NO_____

ARE YOU A RESIDENT OF PICKAWAY COUNTY? YES _____NO_____

IF NOT, ARE YOU WILLING TO BECOME A RESIDENT UPON EMPLOYMENT? YES _____NO_____

PLEASE LIST THREE REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU HAVE KNOWN AT LEAST ONE YEAR:

NAME: _____PHONE # _____

ADDRESS: _____

NAME: _____PHONE # _____

ADDRESS: _____

NAME: _____PHONE # _____

ADDRESS: _____

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically 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.

Initials: _____

If employed, I understand and accept that I may be required to work evenings, nights and/or weekend days.
Initials: _____

I understand and accept that if any information required 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, including termination, if any information required by this application has been falsified or intentionally excluded.
Initials: _____

I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that it may be necessary for the employer to investigate my background for any criminal or unlawful activity.
Initials: _____

I hereby authorize the employers, schools and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic, and other records to the employer.
Initials: _____

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 UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

Applicant's Signature