

DELAWARE COUNTY EMPLOYMENT APPLICATION

10 Court Street, 2nd Floor Delaware, Ohio 43015
AN AFFIRMATIVE ACTION / EQUAL OPPORTUNITY EMPLOYER

| | | | |
|------------------------|--------------------------|--------------------------|---|
| Are you interested in: | Yes | No | EMPLOYER USE ONLY. DO NOT WRITE IN THIS AREA |
| Full Time Work? | <input type="checkbox"/> | <input type="checkbox"/> | Accepted _____ Not Accepted _____ Late Filing _____ |
| Part Time Work? | <input type="checkbox"/> | <input type="checkbox"/> | Department _____ |
| Temporary Work? | <input type="checkbox"/> | <input type="checkbox"/> | Supervisor _____ |
| Summer Work? | <input type="checkbox"/> | <input type="checkbox"/> | Start Date _____ Rate of pay _____ |
| | | | Job Title _____ |

All applicants tentatively selected for this position may be required to submit to urinalysis test for illegal drug use prior to appointments. An applicant with a positive test shall not be offered employment.

- Please Note:**
1. A separate application is required for each position.
 2. All applications must be filed in the Human Resources Office of the County.
 3. If applications are mailed, they must be post marked no later than midnight on the final date for filing.

POSITION APPLYING FOR: _____ **EXPECTED SALARY:** _____

Name _____ Social Security No. _____

Last First Middle

Address _____ OH _____

Number Street City State Zip

Home Phone _____ Business Phone _____

EDUCATION: Do you have a High School Diploma or G.E.D. certificate? YES NO

If NO, indicate highest grade completed. 1 2 3 4 5 6 7 8 9 10 11 12

List below all course work, special training or seminars that you have taken that relate to the requirements of this position. If your training resulted in a degree, you need only list the major and type of degree earned.

| NAME AND ADDRESS OF SCHOOL, VOCATIONAL SCHOOL OR COLLEGE | TITLE OF COURSES TAKEN OR MAJOR | DID YOU GRADUATE | CERTIFICATES, DEGREES, ETC. (IF YOU ATTENDED UNDER ANOTHER NAME, PLEASE INDICATE) |
|--|---------------------------------|------------------|---|
| | | | |
| | | | |
| | | | |
| | | | |

| Professional License or Certificate or Other Credential, if required for this Position | Description | Number | By Whom Issued: | Expiration Date: | Verified By: |
|--|-------------|--------|-----------------|------------------|--------------|
| | | | | | |

Please list below the specific course work areas relevant to the position for which you are applying. Also, indicate the number of courses you have successfully completed in each area.

EDUCATION CONTINUED:

Typing Speed _____ wpm Data Entry Speed _____ kpm

Computer Knowledge Hardware and Software Programs:

In the area below, please describe briefly any additional training, information or special qualifications you have for the position requested. Include special courses/seminars attended, machines or equipment you operate, hobbies which have taught you qualifying skills, etc.

EXPERIENCE:

In the areas below, please type or print legibly past work experience beginning with the most recent employment. If the title and duties changed materially in the course of your service in any one organization, indicate such changes clearly and as separate employment. Attach extra sheets if necessary. Verifiable voluntary work may also be included as employment.

A resume may not be used as a substitute for completing this page.

PRESENT OR MOST RECENT JOB:

Employer's name and address: _____

Length of employment FROM: mo. yr. TO: mo. yr. _____

Reason for leaving: _____

Position Title: _____ Salary: beginning _____ ending: _____

Duties Performed:

NEXT MOST RECENT JOB:

Employer's name and address: _____

Length of employment FROM: mo. yr. TO: mo. yr. _____

Reason for leaving: _____

Position Title: _____ Salary: beginning _____ ending: _____

Duties Performed:

Employer's name and address: _____

Length of employment FROM: mo. yr. TO: mo. yr. _____

Reason for leaving: _____

Position Title: _____ Salary: beginning _____ ending: _____

Duties Performed:

Employer's name and address: _____

Length of employment FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____

Reason for leaving: _____

Position Title: _____ Salary: beginning _____ ending: _____

Duties Performed:

Employer's name and address: _____

Length of employment FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____

Reason for leaving: _____

Position Title: _____ Salary: beginning _____ ending: _____

Duties Performed:

If the position for which you are applying includes driving, have you received any vehicle citations for moving violations within the last 5 years? (A YES answer to this question is not an automatic bar to employment. Each case is considered individually.) If YES, please explain fully. A

Yes No

Do you claim veterans service preference? If Yes, attach a copy of your DD214 Form to this application. If you claim disability preference, attach a copy of your Veterans Administration 802 Form to this application. (It must not be more than six months old.)

Yes No Verified By: _____

Have you ever been convicted of a felony or misdemeanor or been on parole or probation? List all convictions after your 18th birthday. (A YES answer to this question is not an automatic bar to employment. Each case is considered individually.) If YES, please explain fully.

Yes No

Explanation:

REFERENCES:

Please list the names and addresses of three individuals, other than a relative, whom we may contact for a professional reference.

| NAME | ADDRESS | CITY | STATE | ZIP CODE | PHONE |
|------|---------|------|-------|----------|-------|
|------|---------|------|-------|----------|-------|

MISCELLANEOUS:

The following information will be used only if it is directly related to the position for which you are applying:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Do you have an Ohio Drivers License? | <input type="checkbox"/> | <input type="checkbox"/> |
| License # _____ Class _____ Expiration Date _____ | | |
| Answer only if you answered "NO" to question # 1 | | |
| Are you willing and able to secure an Ohio Drivers License? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a Commercial Drivers License (CDL)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Answer only if you answered "NO" to question #2 | | |
| Are you willing and able to secure a Commercial Drivers License (CDL)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If necessary, can you supply your own transportation for work use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you previously worked in public employment in Ohio? (i.e.: Ohio Public Employees Retirement System (OPERS), State Teachers Retirement Systems (STRS), School Employees Retirement System (SERS), Ohio Police and Fire Pension Fund (OP&F), State Highway Patrol Retirement System (HPRS), or Cincinnati Retirement System (CRS)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Which: _____ | | |
| 5. Can you perform the job related requirements of the specific job for which you are applying? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "YES" to questions 4 or "NO" to question 5, please explain fully below, indicating by number to which question you are responding.

CERTIFICATE OF APPLICANT (Read Carefully Before Signing)

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in this application. I understand and agree any misstatement or omission of fact on this application will cause forfeiture on my part of all rights of employment with Delaware County. I further agree to be fingerprinted, and to furnish such proof of age and citizenship as may be directed. I also Understand and agree that all applicants conditionally selected for this position will be required to submit to a urinalysis test for illegal drug use, and to a complete medical examination prior to appointments. A conditional offer of employment shall be rescinded for an applicant with a positive urinalysis test and/or who failed a complete medical examination.

SIGNATURE _____ DATE _____

EXTRA SPACE: