

**PREBLE COUNTY
PERSONNEL POLICY AND PROCEDURES MANUAL**

**AN EQUAL OPPORTUNITY EMPLOYER APPLICATION
FOR EMPLOYMENT**

**FORM D
PAGE 1 OF 8**

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

POSITION SOUGHT: _____

NAME: _____
Last First Middle Initial

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

COUNTY: _____ HOME PHONE: _____

S.S. NUMBER: _____ ARE YOU AN ADULT? YES NO

EMPLOYMENT HISTORY AND WORK EXPERIENCE
IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK EXPERIENCE IN
DATE ORDER. 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: _____ TO: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

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

PREBLE COUNTY
PERSONNEL POLICY AND PROCEDURES MANUAL

| | |
|---|-----------------------|
| AN EQUAL OPPORTUNITY EMPLOYER APPLICATION FOR EMPLOYMENT | FORM D PAGE 2 OF 8 |
|---|-----------------------|

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

WHY DO YOU WANT TO LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ 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: _____ TO: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

PREBLE COUNTY
PERSONNEL POLICY AND PROCEDURES MANUAL

AN EQUAL OPPORTUNITY EMPLOYER APPLICATION
FOR EMPLOYMENT

FORM D
PAGE 3 OF 8

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: _____ 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: _____ TO: _____

JOB TITLE: _____

PREBLE COUNTY
PERSONNEL POLICY AND PROCEDURES MANUAL

| | |
|---|-----------------------|
| AN EQUAL OPPORTUNITY EMPLOYER APPLICATION FOR EMPLOYMENT | FORM D PAGE 4 OF 8 |
|---|-----------------------|

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ CURRENT 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 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.

HIGH SCHOOL ATTENDED: _____

ADDRESS: _____

DID YOU GRADUATE? _____ HIGH SCHOOL EQUIVALENT? _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, SPORTS, ETC.: _____

COLLEGE OR TRADE SCHOOL ATTENDED: _____

ADDRESS: _____

PREBLE COUNTY
PERSONNEL POLICY AND PROCEDURES MANUAL

AN EQUAL OPPORTUNITY EMPLOYER APPLICATION
FOR EMPLOYMENT

FORM D
PAGE 5 OF 8

DATES OF ATTENDANCE: _____ TO: _____

DID YOU GRADUATE? _____ DEGREE: _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, SPORTS, ETC.: _____

GRADUATE SCHOOL(S) ATTENDED: _____

ADDRESS: _____

DATES OF ATTENDANCE: _____ TO: _____

DID YOU GRADUATE? _____ DEGREE: _____

PLEASE USE THE FOLLOWING SPACE TO PROVIDE ANY FURTHER INFORMATION ON
TRAINING, EDUCATION, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK, ETC., THAT
YOU POSSESS OR HAVE EXPERIENCED THAT MAY BE HELPFUL IN THE EVALUATION
OF YOUR APPLICATION.

PREBLE COUNTY
PERSONNEL POLICY AND PROCEDURES MANUAL

AN EQUAL OPPORTUNITY EMPLOYER APPLICATION
FOR EMPLOYMENT

FORM D
PAGE 6 OF 8

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: _____

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 OHIO? 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: _____

**PREBLE COUNTY
PERSONNEL POLICY AND PROCEDURES MANUAL**

**AN EQUAL OPPORTUNITY EMPLOYER APPLICATION
FOR EMPLOYMENT**

**FORM D
PAGE 7 OF 8**

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.

1. 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: _____

2. If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening shifts or night shifts, including weekends and be on call and work mandatory overtime hours.

Initials: _____

3. 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: _____

4. 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 law 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, depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background for any criminal or unlawful activity.

Initials: _____

5. 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.

**PREBLE COUNTY
PERSONNEL POLICY AND PROCEDURES MANUAL**

**AN EQUAL OPPORTUNITY EMPLOYER APPLICATION
FOR EMPLOYMENT**

**FORM D
PAGE 8 OF 8**

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.

PLEASE READ CAREFULLY BEFORE SIGNING

I agree that any claim or lawsuit relating to my service with the County or any of its departments 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

(Applicant's Signature)

(Date)

(Notarized by)

(Date)