

**APPLICATION FOR EMPLOYMENT
HARDIN COUNTY COMMISSIONERS**

The Civil Rights Act of 1964, as amended, prohibits discrimination in employment because of race, color, sex, religion, or national origin. The Age Discrimination in Employment Act of 1967, as amended, prohibits discrimination because of age. The Americans with Disabilities Act prohibits discrimination based on mental and/or physical disability. Various state laws prohibit some or all of the above, as well as other types of discrimination. As an Equal Opportunity Employer, the Hardin County Commissioners intend to comply fully with all applicable employment laws.

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APPLICATION

TO THE APPLICANT: Your interest in our Department is appreciated. The information requested in this application would help the Department assess your qualifications and work history. In signing this application for employment, you are indicating that you understand that the misrepresentation or omission of facts is cause for termination of this application and/or separation from employment. The Hardin County Commissioners shall not be liable in any respect if your employment is terminated for such cause.

Signature: _____ Date: _____

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GENERAL INFORMATION

NAME: _____
Last First Middle

PRESENT ADDRESS: _____
No. Street City State Zip

HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS? _____

NAME, RELATIONSHIP AND ADDRESS OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Address: _____
No. Street City State Zip

If you are under 18 years of age, enter your birth date: _____

If you were referred to the Department, enter the referring source below:

Enter the amount of earnings you would expect per hour \$ _____

If you are applying for a particular position, enter that position below:

Are you presently employed? YES _____ NO _____

HOME PHONE NO: _____

If you were previously employed by the Department, enter the date(s) of such employment:

If any agency, department, or branch of Hardin County previously employed you, enter the date(s) of such employment: _____

Which kind of employment are you applying for? FULL-TIME_____ PART-TIME_____
TEMPORARY_____SEASONAL_____INTERMITTENT_____ NO
PREFERENCE_____

If you are applying for FULL-TIME employment, enter the earliest date on which you would be available to begin work: _____

If you are applying for employment other than FULL-TIME, please indicate below the date(s), time(s), or day(s) when you would be available:

List any **activities** or commitments that might conflict with, interfere with, or adversely affect your employment with the Department (in your response, DO NOT LIST ANY ACTIVITIES OR COMMITMENTS THAT MIGHT INDICATE YOUR RACE, AGE, COLOR, RELIGION/CREED, BIRTHPLACE, NATIONAL ORIGIN, OR DISABILITY HANDICAP):

Activity/Commitment: _____

Scheduled day(s)/time: _____

Activity/Commitment: _____

Scheduled day(s)/time: _____

Military Experience: Branch _____ Dates of Service _____ TO _____

Discharge Type: _____ Current Military Status: _____

Do you have a current, valid State of Ohio Commercial Driver License (CDL) #: _____

List your current **State of Ohio Driver License** #: _____

Have you ever had your license to operate any kind of automobile or truck suspended or revoked? YES _____ NO _____ If YES, list details of the suspension/revocation:

(Next most recent employer)

Name of Company _____ Type of Business _____ (____) _____
Phone Number

Street Address _____ City _____ State _____ Zip _____

Supervisor's Name _____ Title _____ (____) _____
Phone Number

From _____ to _____

Dates employed _____ Your Title _____

Briefly describe your job duties: _____

May we contact this employer for a job reference: YES _____ NO _____

Reason for leaving: _____

Starting Hourly Rate: _____ per hour Final Hourly Rate: _____ per hour

(Other Employers)

Name of Company _____ Dates Employed _____

EDUCATION

Circle the last year of formal education completed

0 1 2 3 4 5 6 7 8 9 10 11 12

1 2 3 4 5 6 7 8

1 2 3 4

Primary Education

College

Trade School

High School Attended: _____ College: _____

Trade School: _____ Other: _____

Diplomas, degrees, certificates achieved: _____

Describe the courses you took or technical training received, which you feel, will help you perform the job for which you are applying: _____

Are you currently in school, or planning to go back? YES _____ NO _____

Please list any job skills abilities, interest, hobbies, training, etc. which you feel may assist you in performing the job for which you are applying.

List all equipment that you are qualified to operate.

List any special certifications or awards, which help demonstrate your capability to perform the job for which you are applying.

PLEASE READ AND SIGN BELOW

I certify that the facts and answers I have provided in this Employment Application are true and complete to the best of my knowledge, information, and belief. I understand that this application is not and is not intended to be a contract of employment and that this application does not obligate the Hardin County Commissioners Department in any way if I am employed by the Department. I also understand and agree that my employment by the Department would be “at-will” (unless I hold an Ohio “classified civil service” position) and could be terminated by the Department, with or without notice, at any time, for any reason or no reason or by myself. I am also aware that no one other than the Hardin County Commissioners has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the above and foregoing.

I authorize the Hardin County Commissioners Department to investigate my personal history, financial and credit record through any investigative or credit agencies or bureaus, as well as through personal interviews with my neighbors, friends, or others with whom I am acquainted. Likewise, I authorize the Hardin County Commissioners Department to make an investigative consumer report whereby information is obtained regarding my character, general reputation, personal characteristics, and mode of living. However, I also understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any investigative report that is made. I also waive all provisions of law forbidding my physician or any other medical practitioner, including hospitals, who have attended or examined me, or may hereafter attend or examine me, schools I have attended, or past employers from disclosing any knowledge or information that they thereby acquired relevant to my employment, and I hereby consent that they disclose such information or knowledge to the Hardin County Commissioners Department. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all the Department’s rules and regulations and the Employee Handbook.

Applicant’s Signature

Date
