

Licking County Government Employment Application

Please read before completing this application.

If you have any questions or need assistance, please ask a Human Resources representative.

Thank you for your interest in employment with Licking County Government. We appreciate your taking the time to complete this application. Licking County Government is an Equal Opportunity Employer and all applicants will be given equal consideration regardless of race, age, sex, disability, religion and national origin. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law. Licking County's policy requires that all persons interested in employment complete a written application for each position which has been advertised and for which they are qualified. A resume alone is not sufficient to consider an individual as an applicant.

I have read and understand the foregoing.

Signature _____

Date _____

USE A PEN AND PLEASE PRINT

Application must be completed in full to be considered for position.

PERSONAL INFORMATION

Name _____
Last First MI

Present Address _____
Number Street City State ZIP

Home Phone #: _____ Daytime phone # where we may reach you _____

Email address: _____

Have you ever used or been known by any other name(s) including first name, maiden/last name, etc?

_____ Yes _____ No If yes, please indicate additional names _____

Position applied for: _____

Can you, after employment, submit verification of your legal right to work in the United States? ____ Yes ____ No

Have you ever been employed by another public agency in Ohio? _____ Yes _____ No

If yes, please specify location(s) and date(s) _____

Have you ever been terminated or have you resigned after being told you would be terminated? ____ Yes ____ No

If yes, please explain _____

JOB INTERESTS

How did you learn about employment opportunities with Licking County Government?

- Current Employee (name) _____
- E-Mail Notification
- Website (please specify) _____
- Other: _____

Type of work desired: Full Time Part Time Temporary

If you are offered employment, on what date will you be available to begin work _____

Salary requirements: \$ _____ per _____

EDUCATION

School Level	Name & Location (City/State)	Number of Years Attended	Did You Graduate?	Course of Study
High School				
Vo-Tech, Business or Trade School				
College/ University				
Graduate/ Professional				

EMPLOYMENT HISTORY

THIS SECTION MUST BE COMPLETED "See Resume" is not acceptable.

<p>Start with present or most recent employment. Please account for any period of unemployment.</p> <p>Employer: _____ Phone No. _____</p> <p>Address: _____</p> <p>Position: _____</p> <p>Duties: _____</p> <p>_____</p> <p>_____</p> <p>Reason for leaving: _____</p>	<p>From: (mo.) ____ (yr.) ____</p> <p>To: (mo.) ____ (yr.) ____</p> <p>Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/></p> <p>Starting Salary: \$ _____</p> <p>Last Salary: \$ _____</p> <p>Contact Current Employer ? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Supervisor's Name: _____</p>
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Employer: _____ Phone No. _____	From: (mo.) _____ (yr.) _____
Address: _____	To: (mo.) _____ (yr.) _____
Position: _____	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
Duties: _____	Starting Salary: \$ _____
_____	Last Salary: \$ _____
_____	Supervisor's Name:
_____	_____
Reason for leaving: _____	

Employer: _____ Phone No. _____	From: (mo.) _____ (yr.) _____
Address: _____	To: (mo.) _____ (yr.) _____
Position: _____	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
Duties: _____	Starting Salary: \$ _____
_____	Last Salary: \$ _____
_____	Supervisor's Name:
_____	_____
Reason for leaving: _____	

Employer: _____ Phone No. _____	From: (mo.) _____ (yr.) _____
Address: _____	To: (mo.) _____ (yr.) _____
Position: _____	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
Duties: _____	Starting Salary: \$ _____
_____	Last Salary: \$ _____
_____	Supervisor's Name:
_____	_____
Reason for leaving: _____	

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the position you are applying for:

Technical Skills:

Microsoft Office programs: _____

Other: _____

Specialized Skills:

Please list special equipment or machines you can operate:

LICENSES, REGISTRATION AND CERTIFICATES

If the requirement of a valid driver license or commercial driver license is listed on the job posting, you must complete this section to be considered.

License/Certification Issued by:	Field/Trade/Specialization	License/Certificate Number	Expires

Please list three (3) **work** references (persons familiar with your employment skills and abilities) whom this department has permission to contact.

No personal references.

PROFESSIONAL WORK REFERENCES

Name & Relationship	Company	Phone

ACKNOWLEDGMENTS/AUTHORIZATIONS

Please read carefully. If you have any questions regarding any of the statements, please ask a Human Resources representative.

1. To the best of my knowledge, the facts set forth in my application for employment are true and complete, I understand that if considered for employment, any false statement may result in my failure to receive an offer or if I am hired, my termination of employment.
2. I agree that if I accept employment with the Licking County Government, I will produce documents establishing my identity and work authorization as a condition of employment.
3. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me.
4. Based upon the position for which I am applying, I understand it may be necessary to investigate my financial and credit record through a credit reporting agency. Therefore, I authorize Licking County Government to investigate my financial and credit record through any credit agency or bureau of its choice. I understand that the Licking County Government, upon my written request, will disclose to me the nature and scope of any credit investigation. If this application is denied either wholly or partly because of information contained in a consumer report from a consumer reporting agency, I understand that the Licking County Government shall so advise me and provide me with the name and address of the consumer agency making the report.
5. Based upon the position for which I am applying, I understand it may be necessary to investigate my driving record through the Bureau of Motor Vehicles. Therefore, I authorize Licking County Government to submit a request for a driver's abstract report. I understand that the Licking County Government, upon my written request, will disclose to me the nature and scope of any investigation. If this application is denied either wholly or partly because of information contained in the report, I understand that the Licking County Government shall so advise me and provide me with a copy of the report.
6. I also understand that any offer of employment which may be made to me by the Licking County Government is contingent upon my successfully passing a Drug Screening Test. I hereby give my consent to Licking County to conduct a drug test that will be performed by a laboratory selected by Licking County.

I understand and agree that if the pre-employment Drug Screening Test indicates a violation of the Drug Testing Policy, any contingent job offer which may be made to me will be null and void.
7. I authorize any law enforcement agency, previous employers or educational institutions specified by me in this application, to release to the Licking County Government any and all information, personal or otherwise that may or may not be on their records, and I hereby release said law enforcement agencies, employers and educational institutions from liability for any damage or injury to me arising out of the release of such information.

Signature of Applicant _____ Date _____

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Employee Relationship Declaration

Applicant's Name: _____

Position for which applicant is being applying: _____

In order to ensure that hiring and supervision of employees in Licking County Government are conducted in a manner that enhances public confidence in government and prevents situations, which give the appearance of partiality, preferential treatment, improper influence, or a conflict of interest, please provide the requested information below.

Considering the relationship definitions below...

Family Member	Family member includes: Spouse, child, sibling, parent, grandparent, grandchild, uncle, aunt, nephew, niece, father or mother in law, son or daughter in law, brother or sister in law, grandparent in law, stepfather or mother, step brother or sister, stepson or daughter, half brother or sister, and legal guardian or other person who stands in the place of a parent.
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Household Member	Household member includes people living in the same household who are not legally married or related.
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Business Associate	Business associate includes individuals who are joined together in a relationship for business purposes or acting together to pursue a common business purpose or enterprise.
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Are there any current County employees with whom you share one or more of the above relationships?
 Yes No

If "Yes," please provide the County department or office in which the individual works, and his/her position title.

<u>County Department/Office</u>	<u>Position Title</u>

With my signature below, I certify that I have indicated above any and all current County employees with whom I have a relationship as defined herein. I understand and acknowledge that any intentional misrepresentation or omission of pertinent information requested via this form may result in my failure to receive an offer of employment or my termination from employment with Licking County Government, Ohio.

Signature: _____

Date: _____