

APPLICATION FOR EMPLOYMENT

Wood County is an equal opportunity employer and upon request will provide reasonable accommodations for any disabled person. The law prohibits discrimination on the basis of age with respect to individuals who are 40 years of age or older.

Even if you are submitting supplemental information with your application, all information on the Wood County Application for Employment must be complete.



Personal Information

Name			Social Security Number	
Last	First	Middle		
Address				How did you find out about this position? <input type="checkbox"/> Posting in Lobby <input type="checkbox"/> County Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other _____
Street	City	State	Zip Code	
Phone Number				
Home	Other Contact Number			
Do you have the legal right to live and work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of citizenship or immigration status will be required upon employment.</i>				
In case of emergency contact				
Name			Phone	

Are you 18 years or older? Yes No

List any felonies (including any convictions for a domestic violence offense)

Date	Offense	Court
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List any DUI, Physical Control and/or Driving Under Suspension Violations within the last 5 years

Date	Offense	Court
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Note: A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.

Employment Desired

Position(s)	Date you can start	Salary Desired
Have you ever applied to Wood County before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	When?
Have you previously worked for Wood County?	<input type="checkbox"/> Yes <input type="checkbox"/> No	When?
		Which office or department?

List any relatives employed by Wood County:

Name	Department	Relationship
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Given the essential functions of the job classification for which you have applied, are you capable of performing those duties and functions in a reasonable manner? Yes No

Are reasonable accommodations at the worksite or your work station necessary for you to perform the duties and functions of the position for which you are applying? Yes No

If so, what are they? _____
 (A copy of the job classification, which includes the essential functions of the job, is available for review.)

Can you travel if the job requires it? Yes No

Education

Name and Location of School		No. of years attended	If hired, can you furnish proof of graduation or G.E.D.?
High School			
College			
Trade or Business School			

List special equipment or machines you can operate:

List computer software in which you have skills, including word processing, spreadsheets and database programs. Please indicate the name of the specific software:

List special clerical skills, including typing and shorthand/speedwriting:

Are you a veteran?

Yes No

If yes, what branch of service?

List Rank

Length of Service

Licenses, Registrations, and Certifications

Upon employment, the successful applicant must provide copies of all licenses/certifications required for the position.

License/Certification Issued By	Field/Trade/Specialization	License/Certification Number	Expiration Date
	Driver's License <input type="checkbox"/> Check if CDL <input type="checkbox"/>		

Personal References

Persons who have known you for at least one year (not including former employers or relatives)

Name and Occupation	Address	Telephone	Years Known

Employment History

Are you currently employed? Yes Full-time Yes Part-time No

If your employment record may be under another name, please provide.

Beginning with your most recent, list below present and past employment. All sections must be completed for each employer.

Business	Hire Date	Reason for Leaving
Address	Ending Date	
	Position(s) Held	
Type of Business	Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees did you supervise?	
Telephone	Describe job duties	
Last Supervisor's Name		
Ending Salary		

Business	Hire Date	Reason for Leaving
Address	Ending Date	
	Position(s) Held	
Type of Business	Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees did you supervise?	
Telephone	Describe Job Duties	
Last Supervisor's Name		
Ending Salary		

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Address	Ending Date	
	Position(s) Held	
Type of Business	Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees did you supervise?	
Telephone	Describe Job Duties	
Last Supervisor's Name		
Ending Salary		

Business	Hire Date	Reason for Leaving
Address	Ending Date	
	Position(s) Held	
Type of Business	Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees did you supervise?	
Telephone	Describe Job Duties	
Last Supervisor's Name		
Ending Salary		

Summary of Qualifications

In the area below, describe briefly the experience, education, training and other factors that qualify you for the position for which you are applying. Refer to the Minimum Qualifications and any position-specific qualifications posted for the position.

Release and Authorization

Initial each statement in the box provided. All boxes must be initialed in order for application to be considered.

- I authorize Wood County, Ohio, to obtain copies of my work record and educational history from my former employers and/or educational institutions, but I ask that you not contact the following employer: _____
- I authorize Wood County to obtain an abstract of my driver's license or commercial driver's license record, as well as any prior criminal convictions.
- I consent that my physician or any other person who has provided medical or psychological treatment may release to the Appointing Authority or his or her representative treatment records which may be relevant to my employment or any disability which may prevent me from performing the essential functions of the position for which I have applied.
- I understand that a post-employment physical examination may be required for certain positions.
- In the event that I am hired, I authorize Wood County to update and supplement this information during my employment with the County.
- I release all parties from all liability for any damage that may result from the release and use of medical, educational, and employment related information to Wood County.
- I understand that any offer of employment is conditioned upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.
- I certify that the facts contained in this application are true and complete to the best of my knowledge and belief. I understand that this application must be completed in full or it will not be considered.
- I understand that falsified statements or misleading information given in my application or interview(s) may result in discharge from employment.

Applicant's Signature

Date

Sworn to before me and signed in my presence
this _____ day of _____, 20_____

Notary's Signature

(seal)

(typed or printed name) Notary Public, State of Ohio

My commission expires _____