

Give name, address and telephone number of three references who are not related to you and are not previous employers.

EDUCATION

	<u>Elementary</u>	<u>High School</u>	<u>College/University</u>	<u>Other</u>
Circle Years Completed	5 6 7 8	9 10 11 12	1 2 3 4	_____

School Name: _____

Diploma/Degree: _____

Describe Course of Study: _____

Describe Specialized Training: _____

Licenses, Certificates: _____

Apprenticeship: _____

Skills and Extra Curricular Activities: _____

Honors Received: _____

State any additional information you feel may be helpful to us in considering your application, including typing speed and shorthand speed. _____

Do you presently hold a valid State of Ohio driver's license? (This information will be considered for selection purposes only if such license is required by law to perform the duties of the position for which you are considered.) _____ Yes _____ No

If yes, Type of License: _____ Operator's _____ Commercial

Driver's License (CDL) CDL Endorsements? _____

EMPLOYMENT EXPERIENCE

Start with your present or last job, include military service assignments and volunteer activities, exclude organization names, which indicate race, color, religion, sex or natural origin.

=====

Employer _____ Telephone Number _____

Address _____

Date Employed From _____ To _____

Work Performed _____

Job Title: _____

Hourly Rate/ Salary Starting: _____ Final: _____

Supervisor: _____

Reason for Leaving: _____

=====

Employer _____ Telephone Number _____

Address _____

Date Employed From _____ To _____

Work Performed _____

Job Title: _____

Hourly Rate/ Salary Starting: _____ Final: _____

Supervisor: _____

Reason for Leaving: _____

=====

Employer _____ Telephone Number _____

Address _____

Date Employed From _____ To _____

Work Performed _____

Job Title: _____

Hourly Rate/ Salary Starting: _____ Final: _____

Supervisor: _____

Reason for Leaving: _____

If you need additional space, please continue on a separate sheet of paper.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience: _____

Have you ever been bonded? _____ Yes _____ No If yes, with what employers? _____

State names of relatives working for Ottawa County: _____

Who should be notified in case of an emergency?

Name _____ Home Phone _____

Address _____

Business Name/Address _____

Business Phone _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give Ottawa County all information relative to such verification and hereby release such individuals, organizations, and Ottawa County from any and all liability for any claim or damage resulting therefrom. I understand that this application is not and is not intended to be a contract of employment.

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 rules and regulations of the County.

Signature of Applicant

Date

As an equal opportunity employer, Ottawa County will consider only the qualifications of all applicants, and will not tolerate discrimination in provision of services or employment because of disability, race, color, creed, national origin, sex or age.

VOLUNTARY SURVEY

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, martial or veteran status, medical condition or disability, or any other legally protected status.

As an employer, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Voluntary Survey is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Voluntary Survey is optional. If you choose to volunteer the requested information, please note that all Voluntary Surveys are kept in a Confidential File and are not a part of your Application For Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

(PLEASE PRINT)

Date _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative
 Walk-In Employment Agency Other _____

Your Name _____

Address _____

City _____ State _____ Zip _____

Check one: Male Female Age _____

Check one of the following: (Ethnic Origin)

White Hispanic American Indian/Alaskan Native
 Black Asian/Pacific Islander Other _____

Check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Disabled Individual