

**AUGLAIZE COUNTY APPOINTING AUTHORITY  
PERSONNEL POLICY MANUAL**

**APPLICATION FOR EMPLOYMENT**

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**Instructions:** Please complete this form completely and accurately. Please use a pen and print clearly.

**SECTION I – PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last First MI

\_\_\_\_\_  
Street Address City State County Zip Code

\_\_\_\_\_  
Home Telephone # Work Telephone #

Are you at least 18 years of age?  Yes  No

Are you prevented from lawfully becoming employed by this County because of VISA or Immigration Status?  Yes  No

**Proof of citizenship or immigration status will be required upon employment.**

Best time to contact you by phone at: Home \_\_\_\_\_ Work \_\_\_\_\_

**SECTION II – WORK PREFERENCES**

\_\_\_\_\_  
Position(s) applied for Date of Application

Are you applying for:  Full-time work  Part-time work  No preference

Are you interested in:

- Permanent work  Intermittent work  Temporary work  
 Seasonal work  No preference

Are you currently on “layoff” status and subject to recall?  Yes  No

Minimum salary expectation: \_\_\_\_\_ Date available to start: \_\_\_\_\_

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**SECTION III – EMPLOYMENT HISTORY  
(In chronological order beginning with the most recent):**

<p>1.</p> <p>_____</p> <p>Employer's Name</p> <p>_____</p> <p>Street Address/City/State/Zip</p> <p>_____</p> <p>Supervisor's Name</p>	<p>Dates Employed:</p> <p>From: _____</p> <p>Month/Year</p> <p>To: _____</p> <p>Month/Year</p>	<p>Your Job Title:</p> <p>Beginning: _____</p> <p>End: _____</p> <p>Your Salary: _____</p> <p>Beginning: _____</p> <p>End: _____</p>
<p>Describe your duties, responsibilities, equipment operated, etc., for position(s) held:</p> <p>_____</p> <p>_____</p> <p>Describe your reason(s) for leaving:</p> <p>_____</p>		
<p>2.</p> <p>_____</p> <p>Employer's Name</p> <p>_____</p> <p>Street Address/City/State/Zip</p> <p>_____</p> <p>Supervisor's Name</p>	<p>Dates Employed:</p> <p>From: _____</p> <p>Month/Year</p> <p>To: _____</p> <p>Month/Year</p>	<p>Your Job Title:</p> <p>Beginning: _____</p> <p>End: _____</p> <p>Your Salary: _____</p> <p>Beginning: _____</p> <p>End: _____</p>
<p>Describe your duties, responsibilities, equipment operated, etc., for position(s) held:</p> <p>_____</p> <p>Describe your reason(s) for leaving:</p> <p>_____</p>		

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<p>3.</p> <p>_____</p> <p>Employer's Name</p> <p>_____</p> <p>Street Address/City/State/Zip</p> <p>_____</p> <p>Supervisor's Name</p>	<p>Dates Employed:</p> <p>From: _____</p> <p>Month/Year</p> <p>To: _____</p> <p>Month/Year</p>	<p>Your Job Title:</p> <p>Beginning: _____</p> <p>End: _____</p> <p>Your Salary: _____</p> <p>Beginning: _____</p> <p>End: _____</p>
<p>Describe your duties, responsibilities, equipment operated, etc., for position(s) held:</p> <p>_____</p> <p>_____</p> <p>Describe your reason(s) for leaving:</p>		
<p>4.</p> <p>_____</p> <p>Employer's Name</p> <p>_____</p> <p>Street Address/City/State/Zip</p> <p>_____</p> <p>Supervisor's Name</p>	<p>Dates Employed:</p> <p>From: _____</p> <p>Month/Year</p> <p>To: _____</p> <p>Month/Year</p>	<p>Your Job Title:</p> <p>Beginning: _____</p> <p>End: _____</p> <p>Your Salary: _____</p> <p>Beginning: _____</p> <p>End: _____</p>
<p>Describe your duties, responsibilities, equipment operated, etc., for position(s) held:</p> <p>_____</p> <p>Describe your reason(s) for leaving:</p>		

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**SECTION IV – EDUCATION AND TRAINING**

	Formal Education	College	Technical School
School Name and Location			
Years Completed	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 Above	1 2 3 4 Above
Diploma/Degree/Major			
Other School(s) attended:			
Please describe the courses you took, technical training you received, or skills you have attained which you feel would help you perform the job for which you are applying (e.g., special machines or equipment you operate, hobbies or volunteer work projects which have taught you qualifying skills, etc.):  _____ _____ _____ _____ _____ _____			

**SECTION V – MISCELLANEOUS**

(The following information will be used only if it is directly related to the classification/position for which you are applying)

Have you ever been employed in the state or county service of the state of Ohio?  Yes  No

Have you any job-related training in the U.S. Military?  Yes  No

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If you answered "Yes" to the last question, please explain:

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Have you ever filed an application here before?  Yes  No

Have you ever been employed here before?  Yes  No

**SECTION VI – REFERENCES**

**(Please give the name, address, and phone number of three references not related to you who would know of your skills for this position):**

<hr/> Name	<hr/> Address	<hr/> Phone
<hr/> Name	<hr/> Address	<hr/> Phone
<hr/> Name	<hr/> Address	<hr/> Phone

**.....  
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 the employer employs me, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.  
Initials: \_\_\_\_\_

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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.

Initials: \_\_\_\_\_

6. **Fair Credit Reporting Act Notice and Authorization.** In order to process your application, or during the course of your employment, a consumer report may be obtained on you for employment purposes. It may be an investigative consumer report that includes information regarding your character, general reputation, personal characteristics, and mode of living. Such report may also be necessary in relation to any investigation regarding allegations of sexual harassment, discrimination, or disciplinary charges associated with your employment. The employer may utilize an outside organization to obtain a consumer report and/or to conduct investigations. If an investigative consumer report is obtained, you have a right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as your neighbors, friends, or associates.

I hereby authorize the employer to obtain a consumer report on me for employment purposes and to conduct investigations as outlined above.

Initials: \_\_\_\_\_

**\*\*READ CAREFULLY BEFORE SIGNING\*\***

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 ALSO RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

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FINALLY, I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH AUGLAIZE COUNTY MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT TO THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

I understand this application will remain in the active application file and be considered only for a period of 60 days, after which I must submit a new application if I wish to continue to be considered for employment by the Auglaize County.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date