

PLEASE ATTACH A COPY OF YOUR CURRENT DRIVER'S LICENSE.

APPLICATION FOR FULL-TIME EMPLOYMENT

**KENNETH P. CARNEY
LORAIN COUNTY ENGINEER**

An Equal Opportunity Employer

Rev. 1/1/95, 8/22/02, 2/18/04, 4/3/17

PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS
CONTAINED ON THE ENTIRE APPLICATION FORM

POSITION SOUGHT: _____ Maiden Name: _____
LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____
HOME ADDRESS: _____ COUNTY: _____
CITY/STATE/ZIP: _____ HOME PHONE: _____
SOCIAL SECURITY: _____ ARE YOU AN ADULT? YES ___ NO ___

EMPLOYMENT HISTORY AND WORK EXPERIENCE

(If you have a Commercial Driver's License, you must submit 10 years of your work history preceding the date of this application according to CFR 282.35 – C)

IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK EXPERIENCE IN DATE ORDER, INCLUDING MILITARY EXPERIENCE. BEGIN WITH YOUR CURRENT EMPLOYER. USE ADDITIONAL PAPER IF NECESSARY. FAILURE TO INCLUDE ALL EMPLOYMENT MAY BE GROUNDS FOR DISQUALIFICATION.

CURRENT EMPLOYER: _____
(enter "none" if unemployed)
ADDRESS: _____ PHONE: _____
DATES EMPLOYED: _____ TO: _____ SUPERVISOR'S NAME: _____
BEGINNING SALARY:\$ _____ PER _____ CURRENT SALARY:\$ _____ PER _____
DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC: _____

REASON FOR LEAVING: _____

MAY WE CONTACT PRESENT EMPLOYER? _____

FORMER EMPLOYER: _____

ADDRESS: _____ PHONE: _____

DATES EMPLOYED: _____ TO: _____ SUPERVISOR'S NAME: _____

BEGINNING SALARY: \$ _____ PER _____ ENDING SALARY: \$ _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC: _____

REASON FOR LEAVING: _____

_____ MAY WE CONTACT THIS EMPLOYER? _____

FORMER EMPLOYER: _____

ADDRESS: _____ PHONE: _____

DATES EMPLOYED: _____ TO: _____ SUPERVISOR'S NAME: _____

BEGINNING SALARY: \$ _____ PER _____ ENDING SALARY: \$ _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC: _____

REASON FOR LEAVING: _____

_____ MAY WE CONTACT THIS EMPLOYER? _____

FORMER EMPLOYER: _____

ADDRESS: _____ PHONE: _____

DATES EMPLOYED: _____ TO: _____ SUPERVISOR'S NAME: _____

BEGINNING SALARY: \$ _____ PER _____ ENDING SALARY: \$ _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC: _____

REASON FOR LEAVING: _____

_____ MAY WE CONTACT THIS EMPLOYER? _____

EDUCATION & TRAINING

This section is intended to give the employer information about the education and training that the applicant has completed, and to demonstrate the skills, knowledge, and abilities of the applicant to perform the job duties of the position.

HIGH SCHOOL ATTENDED: _____ ADDRESS: _____

DID YOU GRADUATE? _____ YEAR: _____ HIGH SCHOOL EQUIVALENT: _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, SPORTS, ETC.: _____

COLLEGE OR TRADE SCHOOL ATTENDED: _____

ADDRESS: _____ DATES ATTENDED: _____ TO: _____

DID YOU GRADUATE? _____ DEGREE: _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, SPORTS, ETC.: _____

GRADUATE SCHOOL(S) ATTENDED: _____

ADDRESS: _____ DATES ATTENDED: _____ TO: _____

DID YOU GRADUATE? _____ DEGREE: _____

PLEASE USE THE FOLLOWING SPACE TO PROVIDE ANY FURTHER INFORMATION ON TRAINING, EDUCATION, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK, ETC., THAT YOU POSSESS OR HAVE EXPERIENCED THAT MAY BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION.

PERSONAL INFORMATION

DO YOU HAVE ANY COMMITMENTS (i.e. second job, school, etc.) WHICH MIGHT INTERFERE WITH, OR ADVERSELY AFFECT YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR A POSITION: YES _____ NO _____

If yes, please explain: _____

DO YOU POSSESS A VALID DRIVERS LICENSE?.....YES _____ NO _____

If not, can you obtain one prior to employment?.....YES _____ NO _____

DO YOU POSSESS A COMMERCIAL DRIVERS LICENSE?..... YES _____ A or B _____ NO _____

If not, and the position you are seeking legally requires a CDL,
Can you obtain a CDL prior to employment? YES _____ NO _____

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES?..... YES _____ NO _____

ARE YOU A RESIDENT OF OHIO?..... YES _____ NO _____

If not, are you willing to become a resident upon employment?..... YES _____ NO _____

PLEASE LIST THREE REFERENCES WHO ARE NOT RELATED TO YOU, THAT YOU HAVE KNOWN AT LEAST ONE YEAR:

#1

NAME: _____

ADDRESS: _____

PHONE: _____

#2

NAME: _____

ADDRESS: _____

PHONE: _____

#3

NAME: _____

ADDRESS: _____

PHONE: _____

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS 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. I understand and accept that the employer provide a seven day, twenty-four hours per day service during certain seasons of the year, and therefore, if employed, I may be required to work evening shifts or night shifts, including weekends. Initials: _____

3. I understand and accept that, if employed, I will be required at certain times to be on call and work mandatory overtime hours. Initials: _____

4. I hereby authorize the employers, schools and personal references named in this application to provide information regarding me and to release my personnel, academic and other records to Lorain County. Initials: _____

5. 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 I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded. Initials: _____

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

(Applicant's signature)

(date)

Department Name: _____

Start Date: _____

RELEASE OF INFORMATION

I, _____, (maiden name _____), do hereby request any law enforcement agency, governmental agency, bureau of motor vehicles, military agency, or past employer to release to the County of Lorain, upon their request, a copy of any report, document, record, criminal record, medical history, or other information regarding my character, integrity and reputation. Further, I do hereby agree that a photocopy hereof may be used with the same effect as though it were the original.

Signature

Driver's License Number

Address

City, State, Zip

Date of Birth*

Social Security Number

Telephone Number(s)

*Date of Birth is optional; however, if one is not provided, the County of Lorain can not obtain a credible background check, and your opportunity for employment could be affected.

Please attach a photocopy of Driver's License with this form.