

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

**APPLICATION FOR FULL-TIME EMPLOYMENT**

**KEN 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.**

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## 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.**

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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.**

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(Applicant's signature)

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(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 lack of a date of birth prevents Lorain County from obtaining a  
creditable background check, your opportunity for employment could be affected.