

**KNOX COUNTY ENGINEER  
SELECTION, HIRING, AND DOCUMENTATION MANUAL**

**FORM 1.06 (B)  
APPLICATION FOR EMPLOYMENT**

Knox County is an Equal Opportunity Employer, committed to employing individuals without regard to race, color, age, sex, veteran status, religion, national origin, or disability.

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**Please type or print responses to all of the questions contained on the entire application form. Use additional paper for any section if necessary. Please note that this completed application for employment form will become a public record upon submission to Knox County and will be subject to appropriate records request. Applicants may attach a resume to this document, but must complete this application for employment to be considered.**

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Date of Application \_\_\_\_\_ Social Security No. \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Current Address \_\_\_\_\_ Phone # \_\_\_\_\_

Previous 7 years Address (es):

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

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

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

**General**

Are you an Adult? Yes \_\_\_\_\_ No \_\_\_\_\_

For What Position(s) are you applying? \_\_\_\_\_

Have you ever applied to or been employed by the State, a County, or any Political Subdivision thereof in Ohio? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

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 \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_ No \_\_\_\_

If yes, may we contact your present employer? Yes \_\_\_\_ No \_\_\_\_

Person to contact \_\_\_\_\_ Phone # \_\_\_\_\_

If we cannot inquire of your present employer, please explain why: \_\_\_\_\_

Are you on layoff and subject to recall? Yes \_\_\_\_ No \_\_\_\_

If employed, does your employment require you to continue working for your current employer, or restrict your activities after leaving your current employment, for any period of time? Yes \_\_\_\_ No \_\_\_\_

If yes, until what date? \_\_\_\_\_

Are you prevented from becoming lawfully employed in this Country because of VISA or Immigration Status? Yes \_\_\_\_ No \_\_\_\_ (Proof of citizenship or immigration status is required by federal law upon employment.)

**REQUIRED – CDL CLASS A WITH TANKER ENDORSEMENT**

Do you possess a valid Commercial Driver’s License? Yes \_\_\_\_ No \_\_\_\_

Do you possess any other modules? Hazmat \_\_\_\_\_ Dbl/Trp \_\_\_\_\_ Passenger \_\_\_\_\_  
Comb Vehicle \_\_\_\_\_ School Bus \_\_\_\_\_ Air Brake \_\_\_\_\_

If the position you are applying for requires travel, can you supply your own transportation? Yes \_\_\_\_ No \_\_\_\_

Have you ever been issued any other license, registration and/or certificate relating to the job(s) for which you are applying? Yes \_\_\_\_ No \_\_\_\_ If so, indicate the field or area of specialization, the license/certification number, and when it expires. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a veteran of the U.S. Military Service? Yes \_\_\_\_ No \_\_\_\_ If yes, what branch? \_\_\_\_\_

Date you can start working \_\_\_\_\_ Salary desired \_\_\_\_\_

**EMPLOYMENT HISTORY AND WORK EXPERIENCE**

**In this section, list all employment history and work experience in date order, including military experience. Begin with your current employer. Failure to include all employment may be grounds for disqualification. Use additional paper if necessary.**

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<u>Date:</u> <u>Month &amp; Year</u>	<u>Name &amp; Address</u> <u>of Employer</u>	<u>Position</u>	<u>Reason for</u> <u>Leaving</u>
From _____ To _____ Salary _____	_____	_____	_____
From _____ To _____ Salary _____	_____	_____	_____
From _____ To _____ Salary _____	_____	_____	_____
From _____ To _____ Salary _____	_____	_____	_____

**EDUCATION AND 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. Use additional paper if necessary.**

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<u>School</u>	<u>Name &amp;</u> <u>Location</u>	<u>Did you</u> <u>Graduate?</u>	<u>Subjects</u> <u>Studied</u>
High School _____	_____	_____	_____
Trade, Business, or Tech School _____	_____	_____	_____
College _____	_____	_____	_____
Other Special Study Research Work _____	_____	_____	_____

**REFERENCES**



**you have any questions regarding these paragraphs, contact the employer before initialing the paragraph.**

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**APPLICANT'S CERTIFICATION AND AGREEMENT**  
**Please Read This Statement Carefully**

1. I understand and accept that, if I am selected for employment, my initial and continued 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 I shall be required to work evenings or night shifts including weekends, be on call, and/or work mandatory overtime hours. I also understand and accept that I am required to abide by all rules and regulations of the Knox County Engineer/Highway Department.

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 I am employed by the Knox County Engineer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

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

4. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I understand that the employer may use screening procedures to evaluate my qualifications and suitability for employment, including but not limited to interviews, criminal record checks, driving record checks, polygraph examination, written testing, reference checks, background investigations, psychological evaluations, and drug testing. I also acknowledge that I may be subject to other screening procedures not specifically listed above, and are a prerequisite to my appointment.

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 personal, academic, and other records to the employer.

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 abuse, or alcohol abuse.

Therefore, in consideration of my employment application being reviewed and considered by the Knox County Engineer, I, being at least 18 years of age and under no legal disability on behalf of my heirs and assigns, hereby release and hold harmless Knox County, Ohio and any of its agents, employees, Appointing Authorities, related officials from any and all liability, whatever type and nature, resulting from the administration of any such screening procedures and/or release of the results there from.

**PLEASE READ CAREFULLY BEFORE SIGNING**

\*\*\*\*\*  
I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY EMPLOYMENT WITH THE COUNTY OR ONE OF ITS DEPARTMENTS MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT OF THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.  
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\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Subscribed and duly sworn before me according to law, by the above named applicant this \_\_\_\_ day of \_\_\_\_\_ 20\_\_ at \_\_\_\_\_, County of \_\_\_\_\_ and State of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Commission Expires

**DO NOT WRITE BELOW THIS LINE**



HIRED: Yes\_\_\_\_ No\_\_\_\_ POSITION: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ SALARY/WAGE: \_\_\_\_\_

DATE REPORTING TO WORK: \_\_\_\_\_ SHIFT \_\_\_\_\_

**EEO DATA: VOLUNTARY DISCLOSURE FORM  
KNOX COUNTY  
APPLICATION FOR EMPLOYMENT  
FORM A**

I, \_\_\_\_\_, am an applicant for employment by Knox County, Mount Vernon, Ohio. I voluntarily make the following authorization for investigation and for release of information.

I hereby authorize any person or other authorized representative of the Knox County Board of Commissioners and/or the Executive Committee of the agency to which I am applying, bearing this release or a copy thereof, within one year of its date, to obtain any information in your files pertaining to me, including but not limited to issues regarding harassment, discrimination, or disciplinary charges associated with my employment.

This also includes, but is not limited to, medical records of doctors, hospitals and other repositories of medical records, all financial institutions and businesses from which I have been extended credit and/or their record of repositories, any federal, state, or local government agency that has my name listed for any criminal or civil reason, and any past or present employer. I understand that the Employer may utilize and outside organization to conduct any such investigation, and that my right under the Fair Credit Reporting Agency may be indicated by such investigations.

This release is executed with the full knowledge and understanding that the information is for the official use of Knox County to use as necessary in the course of fulfilling its official responsibilities. I release Knox County from any liability arising from obtaining the information listed above or from its disclosure.

I also release you, as custodian of such records, as the principal party, officer, employee, or related personnel, both individually and collectively, from any and all liability for damage of what ever kind, which may at anytime result to me, my heirs, family or associates because of compliance with this authorization.

I hereby direct you to release such information upon request of the bearer of this form or a copy thereof.

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Social Security Number DOB

**EEO DATA: VOLUNTARY DISCLOSURE FORM**

Regulations of the Equal Employment Opportunity Commission (EEOC) require employers to compile data regarding the nature and make-up of their work forces in order to further the goals of Title VII of the Civil Rights Act of 1964, as amended. Your responses to the following questions will help the employer comply with this requirement. Completion of this questionnaire is entirely voluntary on your part. Should you opt to complete the questionnaire, your response will be used by the employer solely for the purpose of preparing the reports requires by the EEOC. Your responses will be kept confidential, and will play no part in the employer's evaluation of your employment performance or status, or your treatment as an employee. The completed questionnaire will be kept separate from your personnel file.

NAME\_\_\_\_\_

AGE\_\_\_\_\_

SEX\_\_\_\_\_

**RACIAL AND ETHNIC CATEGORIES:**

- White (not Hispanic origin)
- Black (not Hispanic origin)
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native