



Knox County Department of Job & Family Services

Application for Employment

The Knox County Department of Job & Family Services is an Equal Opportunity Employer, committed to employing individuals without regard to race, color, age, sex, veteran status, religion, national origin or disability.

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.

Date of Application: _____ Social Security Number: _____

Full Name: _____

Home Phone Number: _____ Cell Phone Number: _____

Current Address:

Previous Address:

Current Email Address: _____

Driver's License Number: _____ State: _____ Class: _____

General

1. Are you an adult? Yes No
2. For what position(s) are you applying? _____
3. Have you ever applied to or been employed by the State, a County, or any Political Subdivision thereof in Ohio? Yes No If yes, explain: _____
4. 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, explain: _____

5. Are you currently employed? Yes No If yes, may we contact your present employer?
Yes No Person to contact: _____ Phone Number: _____ If we cannot inquire of
your present employer, please explain why: _____
6. Are you on layoff and subject to recall? Yes No
7. 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? _____
8. 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.)
9. Do you possess a valid Driver's License? Yes No
10. If the position you are applying for requires travel, can you supply your own transportation?
Yes No
11. 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: _____
12. Are you a resident of Ohio? Yes No If not, are you willing to become a resident
upon employment? Yes No
13. Date you can start working: _____ Salary desired: _____
14. What type of job are you looking for? Regular Temporary
15. Type of work you will accept: Full-time Part-time
16. Are you willing to work: Days Nights Weekends On Call
17. Relatives or friends employed by this agency? Yes No If yes, who? _____

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.

Dates: From: _____ To: _____		Employer: _____	Position Title: _____
Address: (Street, City, State, ZIP Code) _____			
Phone Number: _____	Supervisor: _____	Email: _____	
Hours Per Week: _____	Salary: _____	May we contact this employer: _____	
Duties: _____			
Reason for Leaving: _____			
Dates: From: _____ To: _____		Employer: _____	Position Title: _____
Address: (Street, City, State, ZIP Code) _____			
Phone Number: _____	Supervisor: _____	Email: _____	
Hours Per Week: _____	Salary: _____	May we contact this employer: _____	
Duties: _____			
Reason for Leaving: _____			
Dates: From: _____ To: _____		Employer: _____	Position Title: _____
Address: (Street, City, State, ZIP Code) _____			
Phone Number: _____	Supervisor: _____	Email: _____	
Hours Per Week: _____	Salary: _____	May we contact this employer: _____	
Duties: _____			

Reason for Leaving: _____		
Dates: From: _____ To: _____	Employer: _____	Position Title: _____
Address: (Street, City, State, ZIP Code) _____		
Phone Number: _____	Supervisor: _____	Email: _____
Hours Per Week: _____	Salary: _____	May we contact this employer: _____
Duties: _____		
Reason for Leaving: _____		
Dates: From: _____ To: _____	Employer: _____	Position Title: _____
Address: (Street, City, State, ZIP Code) _____		
Phone Number: _____	Supervisor: _____	Email: _____
Hours Per Week: _____	Salary: _____	May we contact this employer: _____
Duties: _____		
Reason for Leaving: _____		

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.

High School: _____

Did you graduate? Yes No

Subjects Studied: _____

Trade, Business or Tech School: _____

Did you graduate? Yes No

Subjects Studied: _____

College: _____

Did you graduate? Yes No

Subjects Studied: _____

Other Special Study/Research

Work: _____

Did you graduate? Yes No

Subjects Studied: _____

REFERENCES

Please list the names of three persons not related to you whom you have known at least one year.

<u>Name</u>	<u>Address & Phone Number</u>	<u>Relationship & Years Acquainted</u>
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1. _____

2. _____

3. _____

Please use the following space to provide any further information on training, education, certifications, skills, abilities, hobbies, volunteer work, etc., that you possess or have experienced that may be helpful in the evaluation of your application. Include special equipment and machines you can operate, name of computer software in which you have skill, and/or other relevant skills and abilities.

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.

APPLICANT'S CERTIFICATION AND AGREEMENT

Please Read These Statements 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, depending on the department in which I am applying for employment, I may be required to work evening 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 Department of Job & Family Services. 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 Department of Job & Family Services, 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 records checks, driving record checks, written testing, reference checks, background investigations 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 Department of Job & Family Services 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 DEPARTMETNS 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.

Applicant's Signature

Date

DO NOT WRITE BELOW THIS LINE (on this page)

HIRED: Yes _____ No _____

Position: _____

Department: _____

Salary/Wage: _____

Date Reporting to Work: _____

VOLUNTARY DISCLOSURE FORM

KNOX COUNTY

APPLICATION FOR EMPLOYMENT FORM

I _____ am an applicant for employment by Knox County Department of Job & Family Services, 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 an outside organization to conduct such an 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 Job & Family Services 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 whatever kind, which may at any time 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

Address

City

State

ZIP Code

Social Security Number

Date of Birth (month & day only)

EEO DATA: VOLUNTARY DISCLOSURE FORM

**STATE OF OHIO
EQUAL EMPLOYMENT OPPORTUNITY**

Responses to these questions are **OPTIONAL**. These questions are included to assist our equal employment opportunity efforts.

Providing this information is **VOLUNTARY** and will in no way affect the processing of your application or your being considered for employment. Human Resources will process your responses to these confidential questions separately. Responses will be used for statistical purposes only.

Position Applied For _____ Date _____

Agency _____ Position Number _____

OPTIONAL: Sex

Male Female

OPTIONAL: Race/Ethnicity

WHITE: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

BLACK or AFRICAN AMERICAN: All persons having origins in any of the Black racial groups of Africa.

HISPANIC or LATINO: All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.

ASIAN: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent (for example, China, India, Japan and Korea).

NATIVE HAWAIIAN or PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Hawaiian Islands and Pacific Islands (for example, Hawaii, Philippine Islands and Samoa).

AMERICAN INDIAN or ALASKAN NATIVE: All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

OTHER: Please self-define: _____