

**KNOX COUNTY
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.

Please type responses to all of the questions contained on the entire application form. 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 with document, but must complete this application for employment to be considered.

Date of Application _____

Name _____

Social Security No. _____

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.)

Do you possess a valid Driver's License? Yes _____ No _____

Do you possess a valid Commercial Driver's License? Yes _____ No _____ If no, can you obtain an appropriate valid license prior to employment? Yes _____ No _____

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

Have you ever been issues 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 resident of Ohio? Yes _____ No _____ If not, are you willing to become a resident upon employment? Yes _____ No _____

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

Have you ever been convicted of a felony? Yes _____ No _____ If yes, please describe

(A conviction record will not necessarily be a bar to your employment. Factors such as age and type of offense, the seriousness and nature of the violation, and your rehabilitation will be taken into account.)

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.

<u>Date:</u> <u>Month & Year</u>	<u>Name & 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.

<u>School</u>	<u>Name &</u> <u>Location</u>	<u>Did you Graduate?</u> <u>Yes No</u>	<u>Subjects</u> <u>Studied</u>
High School			
Trade, Business, or Tech School			
College			
Other Special Study or Research Work			

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>
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 This Statement Carefully

1. I understand and accept that, depending upon the position for which I am applying, if I am employee by Knox County, my employment may be for no definite period of time and I may be terminated, with or without cause or notice at any time, at the opinion of either Knox County, or myself. I understand that no representative of Knox County, other than an Appointing Authority, has any authority to enter into any agreement or to make any agreement with me contrary to the foregoing, except that an Appointing Authority of Knox County may do so in writing under specific limited circumstances.
Initials: _____
2. 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: _____
3. 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 Appointing Authority.
Initials: _____
4. 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 a Knox County Appointing Authority, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.
Initials: _____
5. 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: _____
6. 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: _____

By entering my name below, 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 a Knox County, Ohio Appointing Authority 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.

Applicant's full name

Date

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

Applicant's full name

Address

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