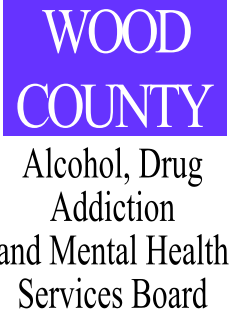


# APPLICATION FOR EMPLOYMENT

Wood County is an equal opportunity employer and employment decisions are made without regard to race, religion, color, sex, pregnancy, sexual orientation, genetic information, national origin and ancestry, age (where protected by law), veteran status, disability, or military status.

**Even if you are submitting supplemental information with your application, all information on the Wood County Application for Employment must be complete.**



## Personal Information

Name

\_\_\_\_\_  
Last First Middle Alias

Mailing Address

\_\_\_\_\_  
Street Address PO Box City State Zip Code

Phone Number

\_\_\_\_\_  
Home Other Contact Number

Email Address

Social Security Number\*

Do you have the legal right to live and work in the U.S.?

Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

In case of emergency contact

\_\_\_\_\_  
Name Phone

Are you 18 years or older?  Yes  No

List any felony charges/convictions

\_\_\_\_\_  
Date Offense Court

List any convictions for a domestic violence offense

\_\_\_\_\_  
Date Offense Court

List any DUI/OVI, Physical Control and/or Driving Under Suspension Violations within the last 5 years

\_\_\_\_\_  
Date Offense Court

*Note: A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.*

## Employment Desired

Position(s)

Part Time  Full Time Shift Preference  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

Date you can start

Salary Desired

Have you ever applied to Wood County before?

Yes  No When?

Which office or department?

Have you previously worked for Wood County?

Yes  No When?

Which office or department?

List any relatives employed by Wood County:

\_\_\_\_\_  
Name Department Relationship

Can you travel if the job requires it?

Yes  No

\*Social Security Numbers (SSNs) are used to match individuals with their application. Disclosure of your SSN is voluntary; however, a nine-digit number is necessary to process your application. Upon employment and pursuant to Section 5101.312 of the Ohio Revised Code and certain other laws and regulations, a request for a SSN is mandatory. Your SSN may be used for purposes including but limited to the following: identification of obligors under child support orders, detection of welfare fraud, processing background checks, and tax information or general employee information.

## Education

Upon employment, the successful applicant may be required to provide proof of graduation or G.E.D.

| Name and Location of School    | Highest Level Completed | Did you graduate? | Field of Study |
|--------------------------------|-------------------------|-------------------|----------------|
| High School or<br>GED Courses  | 9 10 11 12              |                   |                |
| College or<br>Trade School     | 1 2 3 4 5 5+            |                   |                |
| Graduate or<br>Business School | 1 2 3 4 5 5+            |                   |                |

List special equipment or machines you can operate:

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List computer software in which you have skills, including word processing, spreadsheets and database programs. Please indicate the name of the specific software:

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Are you a veteran?

Yes  No

If yes, what branch of service?

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List Rank

Length of Service

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## Licenses, Registrations, and Certifications

Upon employment, the successful applicant must provide copies of all licenses/certifications required for the position.

Driver's License - Check if CDL  State

License No

Expiration Date

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Other License/Certification (LISW, STNA, First Aid/CPR, Notary, etc.)

License/Certification Number

Expiration Date

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## Personal References

Persons who have known you for at least one year. Do not include former employers or relatives.

| Name and Occupation | Address | Telephone | Years Known |
|---------------------|---------|-----------|-------------|
|                     |         |           |             |
|                     |         |           |             |
|                     |         |           |             |

## Employment History

Are you currently employed?

Yes Full-time

Yes Part-time

No

Beginning with your most recent, list below present and past employment. All sections must be completed for each employer. Include additional Employment History sheets to reference your complete work history. Do not omit employers in history.

|                        |  |                                    |                                    |                                    |
|------------------------|--|------------------------------------|------------------------------------|------------------------------------|
| Business               | Hire Date  | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time | <input type="checkbox"/> Temporary |
| Address                | Ending Date  | Reason for Leaving                 |                                    |                                    |
|                        | Position(s) Held   |                                    |                                    |                                    |
| Type of Business       | Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, how many employees did you supervise? |                                    |                                    |                                    |
| Telephone              | Describe job duties  |                                    |                                    |                                    |
| Last Supervisor's Name |  |                                    |                                    |                                    |
| Ending Salary          |  |                                    |                                    |                                    |
|                        |  |                                    |                                    |                                    |

|                        |  |                                    |                                    |                                    |
|------------------------|--|------------------------------------|------------------------------------|------------------------------------|
| Business               | Hire Date  | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time | <input type="checkbox"/> Temporary |
| Address                | Ending Date  | Reason for Leaving                 |                                    |                                    |
|                        | Position(s) Held   |                                    |                                    |                                    |
| Type of Business       | Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, how many employees did you supervise? |                                    |                                    |                                    |
| Telephone              | Describe Job Duties  |                                    |                                    |                                    |
| Last Supervisor's Name |  |                                    |                                    |                                    |
| Ending Salary          |  |                                    |                                    |                                    |
|                        |  |                                    |                                    |                                    |

|                        |  |                                    |                                    |                                    |
|------------------------|--|------------------------------------|------------------------------------|------------------------------------|
| Business               | Hire Date  | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time | <input type="checkbox"/> Temporary |
| Address                | Ending Date  | Reason for Leaving                 |                                    |                                    |
|                        | Position(s) Held   |                                    |                                    |                                    |
| Type of Business       | Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, how many employees did you supervise? |                                    |                                    |                                    |
| Telephone              | Describe Job Duties  |                                    |                                    |                                    |
| Last Supervisor's Name |  |                                    |                                    |                                    |
| Ending Salary          |  |                                    |                                    |                                    |
|                        |  |                                    |                                    |                                    |

|                        |  |                                    |                                    |                                    |
|------------------------|--|------------------------------------|------------------------------------|------------------------------------|
| Business               | Hire Date  | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time | <input type="checkbox"/> Temporary |
| Address                | Ending Date  | Reason for Leaving                 |                                    |                                    |
|                        | Position(s) Held   |                                    |                                    |                                    |
| Type of Business       | Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, how many employees did you supervise? |                                    |                                    |                                    |
| Telephone              | Describe Job Duties  |                                    |                                    |                                    |
| Last Supervisor's Name |  |                                    |                                    |                                    |
| Ending Salary          |  |                                    |                                    |                                    |
|                        |  |                                    |                                    |                                    |

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## Summary of Qualifications

In the area below, describe briefly the experience, education, training, and other factors that qualify you for the position for which you are applying. Refer to the Minimum Qualifications and any position-specific qualifications posted for the position.

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## Release and Authorization

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### READ CAREFULLY BEFORE SIGNING

Initial each statement in the line provided. All lines must be initialed in order for application to be considered.

- \_\_\_\_\_ I certify that the facts contained in this application are true and complete to the best of my knowledge and belief. I understand that this application must be completed in full or it may not be considered.
- \_\_\_\_\_ I certify that I can perform the essential function of the job for which I have applied, with or without reasonable accommodation.
- \_\_\_\_\_ I understand that falsified statements or misleading information given in my application or interview(s) may result in discharge from employment regardless of when such information is discovered.
- \_\_\_\_\_ I authorize Wood County, Ohio, to obtain copies of my work record and educational history from my former employers and/or educational institutions.
- \_\_\_\_\_ I authorize Wood County to obtain an abstract of my driver's license or commercial driver's license record, as well as any prior criminal convictions.
- \_\_\_\_\_ I release all parties from all liability for any damage that may result from the release and use of medical, educational, and employment-related information to Wood County.
- \_\_\_\_\_ I understand that any offer of employment is conditioned upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act and the Ohio Department of Homeland Security's Declaration Regarding Material Assistance/Nonassistance to a Terrorist Organization.
- \_\_\_\_\_ I understand that a post-employment physical examination or drug screening may be required for certain positions.
- \_\_\_\_\_ In the event that I am hired, I authorize Wood County to update and supplement this information during my employment with the County.
- \_\_\_\_\_ In consideration of the County's review of my application, I agree that any claim or lawsuit arising out of my employment with, or my application for employment with Wood County, its officials, boards, and agencies must be filed no more than six months after the date of the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims arising out of an employment action may be longer than six months, I agree to be bound by the six month period of limitation set forth herein, and **I WAIVE ANY STATUTE OF LIMITATION TO THE CONTRARY**. Should a court determine in some future lawsuit that this provision allows an unreasonably short period of time to commence a lawsuit, the court shall enforce this provision as far as possible and shall declare the lawsuit barred unless it was brought within the minimum reasonable time within which the suit should have been commenced.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Sworn to before me and signed in my presence

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary's Signature

(seal)

\_\_\_\_\_  
(typed or printed name) \_\_\_\_\_ Notary Public, State of Ohio

My commission expires \_\_\_\_\_