



## Education

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

Name and Location of School (City/State)	Highest Level Completed	Did you graduate?	Field of Study
High School or GED Courses	9 10 11 12		
College or Trade School	1 2 3 4 5 5+		
Graduate or Business School	1 2 3 4 5 5+		

List special equipment or machines you can operate:

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

List special clerical skills, including keyboarding and shorthand/speedwriting:

Are you a veteran?  Yes  No If yes, what branch of service?

List Rank Length of Service

## 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

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

## 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 any past employment within the past 15 years (do not omit employers in history). All sections must be completed for each employer. Include additional Employment History sheets if needed.**

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 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
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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 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 for application to be considered.

- \_\_\_\_\_ I certify that I can perform the essential functions of the job for which I have applied, with or without reasonable accommodation.
- \_\_\_\_\_ I understand that false 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 as it relates to the position for which I am applying.
- \_\_\_\_\_ 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 other applicable laws. I further understand that my social security number must be provided upon employment.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ 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.

\_\_\_\_\_  
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 \_\_\_\_\_

Applications submitted without a notary will still be considered for employment; however, application must be notarized prior to interview/offer of employment.