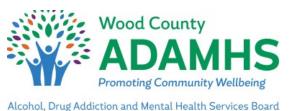
APPLICATION FOR EMPLOYMENT

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

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.



Wood County performs criminal background checks on prospective employees. The Ohio Revised Code prohibits Wood County from hiring individuals with certain criminal records (i.e. R.C. 2921.41, R.C. 3721.121).

Personal Information Name as Printed on Social First Middle Alias Last Security Card Mailing Address Street Address PO Box State Zip Code City Phone Number Alternate Primary Email Address Social Security Number Yes ☐ No Are you 18 years of age or older? Yes Do you have the legal right to live and work in the U.S.? No Proof of citizenship or immigration status will be required upon employment. **Emergency Contact Information** Name Phone 2nd **Employment Desired** Part Time Full Time Shift Preference Salary Desired Position(s) Date you can start ☐ Yes ☐ No Do you have prior public service working for the State of Ohio or a political subdivision of the State? If yes, be sure to include in Employment History section. 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 immediate family members employed by Wood County: Name Department Relationship Can you travel if the job requires it? ☐ Yes ☐ No

If you become employed by Wood County, your earnings will not be covered under Social Security, as Wood County participates in the Ohio Public Employees Retirement System. When you retire, or if you become disabled, you may receive a pension based on earnings from your employment with Wood County. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected.

Upon employment, the successful applicant may be required to pro	wide proof of graduation or G.E	E.D.				
Name and Location of School (City/State)		Highest Level Completed	Did you graduate?	Field of Study		
High School or		9 10 11 12				
GED Courses						
College or		1 2 3 4 5 5+				
Trade School						
Graduate or		1 2 3 4 5 5+				
Business School						
List special equipment or machines you can operate:						
List computer software in which you have skills, including specific software:		preadsheets and database prog	grams. Please i	indicate the name of		
List special clerical skills, including keyboarding and shorthand/speedwriting:						
Are you a veteran? Yes No		If yes, what branch of service?				
List Rank	Lengt	th of Service				
Licenses, Registrations, and Certifications						
Upon employment, the successful applicant must provide copies of	f all licenses/certifications requi		E			
Upon employment, the successful applicant must provide copies of Driver's License - Check if CDL ☐ State	f all licenses/certifications requi	ase No.	Expiration Da			
Upon employment, the successful applicant must provide copies of	f all licenses/certifications requi		Expiration Da			
Upon employment, the successful applicant must provide copies of Driver's License - Check if CDL ☐ State	f all licenses/certifications requi	ase No.				
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Upon employment, the successful applicant must provide copies of Driver's License - Check if CDL □ State Other License/Certification (LISW, STNA, First Aid/CPR, 1) Personal References	f all licenses/certifications requi	nse/Certification Number				
Driver's License - Check if CDL ☐ State Other License/Certification (LISW, STNA, First Aid/CPR, 1) Personal References Persons who have known you for at least one year. D	Licen Notary, etc.) Do not include former en	nse/Certification Number	Expiration Da	ate		
Upon employment, the successful applicant must provide copies of Driver's License - Check if CDL □ State Other License/Certification (LISW, STNA, First Aid/CPR, 1) Personal References	f all licenses/certifications requi	nse/Certification Number				
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Employment History					
Are you currently employed?	☐ Yes Full-time	☐ Yes Part-time	□ No		
Beginning with your most recent, list history). All sections must be comple					
Business	Hire Date	□ Full-Time □ Part	-Time Temporary		
Address	Ending Date	Reason for Leaving			
	Position(s) Held	Position(s) Held			
Type of Business	If yes, how many employees	Was this a supervisory position? ☐ Yes ☐ No If yes, how many employees did you supervise?			
Telephone	Describe Job Duties				
Last Supervisor's Name					
Ending Salary					
Business	Hire Date	☐ Full-Time ☐ Part	-Time □ Temporary		
Address	Ending Date	Reason for Leaving			
	Position(s) Held	Position(s) Held			
Type of Business	Was this a supervisory positi If yes, how many employees				
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	<u>'</u>				
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Type of Business	Was this a supervisory positi If yes, how many employees	Was this a supervisory position? Yes No If yes, how many employees did you supervise?			
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Last Supervisor's Name					
Ending Salary					
	·				
Business	Hire Date	□ Full-Time □ Part	-Time □ Temporary		
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	Position(s) Held	Position(s) Held			
Type of Business		Was this a supervisory position? Yes No If yes, how many employees did you supervise?			
Telephone	Describe Job Duties				
Last Supervisor's Name					
Ending Salary					

es must be <u>initialed</u> for application to be considered.	
tial functions of the job for which I have applied, w	ith or without reasonable accommodation.
	interview(s) may result in discharge from
btain copies of my work record and educational his	story from my former employers and/or
	ver's license record, as well as any prior
	d use of medical, educational, and
physical examination or drug screening may be red	quired for certain positions.
ze Wood County to update and supplement this inf	formation during my employment with the
Wood County, its officials, boards, and agencies nat is the subject of the claim or lawsuit. While I un action may be longer than six months, I agree to be IVE ANY STATUTE OF LIMITATION TO THE sion allows an unreasonably short period of time to shall declare the lawsuit barred unless it was brough	nust be filed no more than six months after derstand that the statute of limitations for e bound by the six month period of IE CONTRARY . Should a court determine commence a lawsuit, the court shall enforce
	ny knowledge and belief. I understand that
Applicant's Signature	Date
Notary's Signature	
	Notary Public, State of Ohio
(typed or printed name)	
My commission expires	
	Notary's Signature (typed or printed name)

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