



PORTAGE COUNTY EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER

The information requested is needed to help Portage County assess your employment interests and qualifications and to enable us to contact you. Should you require any assistance in completing this form, please notify the person from whom you obtained this application. **Do not use "See Resume" in lieu of completing this application. Portage County may refuse employment consideration if the application is not filled out completely and accurately. Please submit one application per position.**

PLEASE TYPE OR PRINT CLEARLY USING INK

POSITION APPLIED FOR: _____
How did you learn of this opening? _____
Full Time _____ Part Time _____ Seasonal _____ Temporary _____
Rate of pay expected _____ Date available _____ Specific shift _____
Are you authorized to work in the United States? Yes _____ No _____

Name _____ SS # _____
Last First MI
Present Address _____ Cell Phone: (____) _____ - _____
Home Phone: (____) _____ - _____
No. & Street
City State Zip Code Work Phone: (____) _____ - _____
Have you ever been employed by a government agency in the State of Ohio? Yes _____ No _____
If so, when? _____ Previous agency _____
(Attach additional sheets if necessary) Previous job title _____
Do you have relatives employed by Portage County? Yes _____ No _____
If yes, provide names and relationship to you _____
(Hiring of relatives may be precluded when one relative would supervise or have disciplinary authority over another or would audit the work of another or when a conflict of interest would exist between the relative and the employee, the relative and the County, or any employee and the clients of the County).
Have you ever been convicted of or pled guilty to a crime other than a minor traffic offense? Yes ___ No ___
(A conviction may not automatically exclude you from consideration)
If yes, please explain: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY Name: _____
Relationship: _____
Phone # (____) _____ - _____

FOR COUNTY USE ONLY: Application reviewed by: _____ Date Received: _____
Meets minimum requirements? Yes ___ No ___ Interview: Yes ___ No ___ Interviewed by: _____
COMMENTS: _____

EDUCATION	NAME AND LOCATION	DEGREE RECEIVED	MAJOR/COURSEWORK	GRADE POINT AVERAGE
HIGH SCHOOL				
COLLEGE, UNIVERSITY, BUSINESS, TECHNICAL				
GRADUATE SCHOOL				
OTHER				

MILITARY

Branch of Service: _____ Rank at time of discharge: _____

Dates of Service: From _____ To _____

Service Schools / Special Training:

Describe your duties:

SKILLS DATA (CHECK ALL THAT ARE APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING)

Word Processing Typing speed _____ wpm Shorthand _____ wpm Data entry _____ kpm
 Spreadsheets

List the types of computer programs/software & spreadsheets/databases you are experienced in using:

SKILLS EXPERIENCE:
 Accounts Payable Accounts Receivables Payroll Purchasing Other: _____

OTHER EQUIPMENT/SKILLS EXPERIENCE:
 Dumptruck Front-end loader Tractor Towmotor Backhoe Snowplow Carpentry
 Plumbing Plastering Electrical HVAC Welding Masonry Refrigeration
 Other: _____

LICENSES AND/OR CERTIFICATIONS (ALL APPLICANTS)

<u>LICENSE/CERTIFICATION</u>	<u>ISSUING STATE</u>	<u>LICENSE NUMBER</u>	<u>EXPIRES: Month/day/year</u>
<input type="checkbox"/> DRIVER'S TYPE _____	_____	_____	____ / ____ / ____
<input type="checkbox"/> CDL Class _____	_____	_____	____ / ____ / ____
<input type="checkbox"/> PROFESSIONAL _____ (Notary, RN/LPN, CPA, etc)	_____	_____	____ / ____ / ____

I understand that if offered a position of employment that requires licenses or certifications and I fail to maintain them or otherwise lose such licenses and/or certifications, my employment can be terminated.
ALL APPLICANTS - PLEASE INITIAL: _____

WORK EXPERIENCE

Please list your work experience, beginning with the most recent. Include all employment during the last 10 years, including military service, whether full-time, part-time, seasonal or temporary. (Also account for all periods of unemployment). You may include additional experience beyond the last 10 years if it is related to employment you seek. Attach additional sheets using this format if more space is needed.
DO NOT USE "SEE RESUME" or "SEE ATTACHED" IN LIEU OF COMPLETING THIS APPLICATION.

DATES (Mo/yr.)		Name & address of employer Phone No.:	Supervisor Name / Title	RATE OF PAY		REASON FOR LEAVING
				START	FINISH	
FROM	TO					
JOB TITLE:						
DUTIES:						

DATES (Mo/yr.)		Name & address of employer Phone No.:	Supervisor Name / Title	RATE OF PAY		REASON FOR LEAVING
				START	FINISH	
FROM	TO					
JOB TITLE:						
DUTIES:						

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DATES (Mo/yr.)		Name & address of employer Phone No.:	Supervisor Name / Title	RATE OF PAY		REASON FOR LEAVING
				START	FINISH	
FROM	TO					
JOB TITLE:						
DUTIES:						

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? YES _____ EXCEPT FOR THE FOLLOWING: _____

DESCRIBE ANY ADDITIONAL INFORMATION WHICH YOU FEEL IS RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING (OPTIONAL)

THREE WORK-RELATED REFERENCES (PLEASE PRINT CLEARLY)

NAME	ADDRESS	PHONE	OCCUPATION / TITLE	YEARS KNOWN

APPLICANT CERTIFICATION AND AGREEMENT

READ CAREFULLY BEFORE SIGNING

Portage County complies with all federal, state and local laws that prohibit discrimination, including, but not limited to, the following: (1) The Civil Rights Act of 1964 (Title VII) which prohibits discrimination in employment because of race, color, religion, sex, national origin or ancestry; (2) The Age Discrimination in Employment Act (ADEA) of 1967 (3) The Rehabilitation Act of 1973 and the Americans With Disabilities Act of 1990 which prohibit discrimination against persons with disabilities; and (4) Ohio Revised Code Chapter 4112.02.

I authorize Portage County (its officers, agents, representatives or duly authorized employee) to make a thorough investigation of my past employment. I also agree to cooperate in such investigations and release from all liability or responsibility all persons, companies or corporations supplying such information. If the position for which I am applying requires, as a condition of employment, the possession of a valid driver's license, I also authorize Portage County to verify the validity of my driver's license and/or review the state's Motor Vehicle Registration Records.

I understand that an offer of employment may be contingent upon passing a drug/alcohol screening and/or submitting to a physical examination, and I consent to the examinations and such future examinations as may be required by Portage County.

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that if employed, any false or misleading statements on this application shall be considered sufficient cause for dismissal.

By signing this agreement, I am acknowledging that I have thoroughly read the above and that its terms and conditions are fully understood.

APPLICANT SIGNATURE

DATE