

**UNION COUNTY ENGINEER
APPLICATION FOR EMPLOYMENT**

Union County, Ohio is an equal opportunity employer. Union County, Ohio does not deny equal opportunity in hiring, tenure, terms, conditions or privileges of employment on the basis of race, color, religion, sex, national origin, disability, ancestry, age, sexual orientation, or other legally protected status.

Please type or print responses to the questions and information requested below. Note that this completed application for employment will become a public record upon submission to Union County and subject to disclosure under Ohio Public Records Law. Please note, if offered employment, you may be subject to a medical physical, Bureau of Motor Vehicle license check, drug/alcohol screen, and/or fingerprint or other law enforcement background check.

Date of Application: _____

POSITION APPLYING FOR: _____

PERSONAL INFORMATION:

NAME _____
(Last) (First) (Middle)

ADDRESS _____
(Number) (Street) (City) (State) (Zip)

PRIMARY TELEPHONE NUMBER: _____

OTHER TELEPHONE NUMBER: _____ **EMAIL:** _____

EDUCATION: List the following information.

School	Name of Institution	City/State	Did you graduate? Yes or No	Degree Earned or Course of Study
High School Or GED			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Professional License or Certificate: (Add additional pages as needed)

DATE ISSUED _____ TITLE _____

_____ ISSUED BY _____

EXPIRATION DATE _____

DRIVER'S LICENSE:

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

State of Issuance: _____ License #: _____

License Class (A, B, C): _____

Additional Information: Provide additional information such as training courses completed, education, certifications, skills, abilities, hobbies, volunteer activities, etc. that are relevant to the position you are applying for.

APPLICATION QUESTIONS

1. Are you legally eligible to work in the United States of America? Yes No

2. Are you currently or have you ever been employed by Union County? Yes No

a. If yes, what office or department? _____

3. Are you currently or have you ever been employed by the State of Ohio or any political subdivision of the State of Ohio (County, City, Township)? Yes No

a. If yes, please list: _____

4. Do you have any relatives employed by Union County? Yes No

a. If yes, please list name, relationship, and office/department on the line below:

5. Have you ever been involuntarily terminated or asked to resign from employment? Yes No

6. Do you have any commitments (second job, school, etc.) which may interfere with or adversely affect your employment with Union County? Yes No

a. If yes, please explain. _____

7. Are you on layoff or subject to recall? Yes No

a. If yes, what company or employer? _____

8. Are you currently employed? Yes No

9. If so, may we contact your present employer? Yes No

a. If no, please explain. _____

10. Desired Start Date: _____

11. Desired Salary: _____

EMPLOYMENT INFORMATION: Please indicate your work experience, beginning with the most recent employment, and be specific in your description of job duties. Include **all** of your work experience, volunteer work and military service, if applicable. Attach additional sheets if necessary **AND resume**.

Name of Employer _____

Address of Employer _____

Supervisor's Name and Title: _____ Supervisor's Phone Number: _____

Start Date: _____ End Date: _____

Job Title: _____ Salary: _____ Reason for Leaving _____

Job Duties: _____

Name of Employer _____

Address of Employer _____

Supervisor's Name and Title: _____ Supervisor's Phone Number: _____

Start Date: _____ End Date: _____

Job Title: _____ Salary: _____ Reason for Leaving _____

Job Duties: _____

Name of Employer _____

Address of Employer _____

Supervisor's Name and Title: _____ Supervisor's Phone Number: _____

Start Date: _____ End Date: _____

Job Title: _____ Salary: _____ Reason for Leaving _____

Job Duties: _____

REFERENCES: Please indicate three (3) persons, not related to you, who can be contacted regarding your work or academic performance.

Name: _____ Title: _____
Address: _____ Contact Number: _____
Years Known: _____

Name: _____ Title: _____
Address: _____ Contact Number: _____
Years Known: _____

Name: _____ Title: _____
Address: _____ Contact Number: _____
Years Known: _____

CERTIFICATION OF APPLICATION: Please read each of the following statements carefully and indicate your understanding of and consent to the contents and conditions of each paragraph by placing your initials at the end of each paragraph on the line provided. If you have any questions, please contact the employer.

Please Read Each Statement Carefully

1. I understand and accept that, depending upon the position for which I am applying, if I am employed by Union County, my employment may be for no definite period of time and may be terminated, with or without cause or notice at any time, at the option of either Union County, or myself. I understand that no representative of Union 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 Union 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 Union 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 the employer, 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, ethics, and professionalism of its employees. Therefore, I understand and accept that, it may be necessary for the employer to investigate my background for any criminal or unlawful activity, or any other conduct which may be inconsistent with established performance and ethical standards of the position or department for which I am applying.

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 personnel, academic, and other records to the employer. I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless you, your agents and any former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any such information to you, your agents, or consumer reporting agency.

Initials: _____

7. I understand that this completed application is the property of the Union County and will not be returned. I understand that my application is subject to disclosure pursuant to the Ohio Public Records Act.

Initials: _____

By signing this application, I hereby certify that every statement I have made in this application is true, accurate, and complete to the best of my knowledge. I understand that any false or incomplete answer may be grounds for not employing me or for dismissing me after I begin work. I understand that I will have to produce documentation verifying identity and employment eligibility in the United States. I understand that I may be required to verify any and all information given on this application. I understand that Union County may contact prior employers, schools, and other references. I understand that I must notify Union County of any changes in my name, address, phone number, or email address. I understand that communications with the Union County may be sent via email.

Signature: _____
(DO NOT PRINT)

Date: _____

(DO NOT WRITE BELOW THIS LINE)

Approved _____ Rejected _____ Date _____ Employer Representative _____

Union County
Record-Maintenance Form

The Federal Guidelines on Employee Selection (1978) require employers to maintain and have available for inspection, records or other information which will disclose the impact which the employer's test and other selection procedures have upon employment opportunities of person by identifiable race, gender, and ethnic group. Compliance with this mandate requires that each applicant be requested to complete the following questions relating to gender and race. Your responses to these questions are voluntary. Information concerning your knowledge that a position was available will assist us in our recruitment efforts.

Thank you for your cooperation.

1. Position applied for: _____

2. Gender (please check one):
 - Male
 - Female
 - Do Not Care to Respond

3. Race (please check the category that applies to you):
 - White/Caucasian
 - Black/African-American
 - American Indian (including Alaskan Natives)
 - Asians (including Pacific Islanders)
 - Hispanic (including persons of Mexican, Puerto Rican, Cuban, Central or South American origin or culture, regardless of race)
 - Other (specify): _____
 - Do Not Care to Respond

4. Are you a veteran of the armed forces?
 - Yes
 - No
 - Do Not Care to Respond

5. How did you hear about this position? (Please check one)
 - Announcement
 - Word of Mouth
 - Union County Website
 - Bulletin Board (please describe where): _____
 - Newspaper (please list which one): _____
 - Other (please specify): _____