

ASHLAND COUNTY APPLICATION FOR EMPLOYMENT

We consider applicants without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non job related medical condition or handicap, or any other legally protected status.

ASHLAND COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

(Please Print)

Position Applied For:

Date of Application

Job description attached to this form.

PERSONAL DATA

Last Name

First Name

Middle Name

Address

City

State

Zip Code

Phone

email

1. Is there any other name you have been known by that would be required to adequately check your past employment and/or educational history? If so, please indicate:

2. Have you ever filed an application with us before? Yes _____ No _____
If yes, give date _____

3. Have you ever been employed with us before? Yes _____ No _____
If yes, give date _____

4. Are you currently employed? Yes _____ No _____

5. May we contact your present employer? Yes _____ No _____

6. Can you furnish proof of citizenship or immigration status prior to employment. Yes _____ No _____

7. Have you ever had any job-related training in the United States military? Yes _____ No _____

If yes, please describe: _____

8. Are you able to perform the essential functions of the job with or without reasonable accommodations? Yes _____ No _____

9. Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify an applicant from employment and will only be considered in relation to specific job requirements).
Yes _____ No _____

10. Do you have any criminal charges pending, other than minor traffic violations?
Yes _____ No _____

(Pending criminal charges are not an automatic bar to employment and will only be considered in relation to specific job requirements). If yes, please explain _____

11. Do you presently have a valid drivers license ? Yes _____ No _____
License information
State _____ Class _____

12. Do you have a high school diploma or a GED equivalent? Yes _____ No _____

13. Do you have any post-secondary education? Yes _____ No _____

What colleges or technical schools did you attend?

Field of Study _____

Degrees or certificates ? _____

14. Please list any organizations to which you belonged to which are relevant to this position

15. Please list volunteer projects, awards, or commendations.

WORK EXPERIENCE: Provide a brief description. This information will be use to determine if your application is accepted. Be specific. Start with your most recent job. **BE CERTAIN TO INCLUDE SERVICE IN THE ARMED FORCES.** For part-time work, show the average number of hours per month. Indicate any changes in job title under same employer as a separate position.

Employer	Kind of Business	Location (Numbered Street)	
Your Title	Reason for Leaving	Location (City, State, Zip)	
Your Duties:		Name of Supervisor:	
		Total Time Employed: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
		From (Month & Year)	To (Month & Year)
		<input type="checkbox"/> Monthly Salary <input type="checkbox"/> Hourly Salary	Beginning: \$ Ending: \$

Employer	Kind of Business	Location (Numbered Street)	
Your Title	Reason for Leaving	Location (City, State, Zip)	
Your Duties:		Name of Supervisor:	
		Total Time Employed: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
		From (Month & Year)	To (Month & Year)
		<input type="checkbox"/> Monthly Salary <input type="checkbox"/> Hourly Salary	Beginning: \$ Ending: \$

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		Total Time Employed: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
		From (Month & Year)	To (Month & Year)
		<input type="checkbox"/> Monthly Salary <input type="checkbox"/> Hourly Salary	Beginning: \$ Ending: \$

Employer	Kind of Business	Location (Numbered Street)	
Your Title	Reason for Leaving	Location (City, State, Zip)	
Your Duties:		Name of Supervisor:	
		Total Time Employed: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
		From (Month & Year)	To (Month & Year)
		<input type="checkbox"/> Monthly Salary <input type="checkbox"/> Hourly Salary	Beginning: \$ Ending: \$

REFERENCES		
Name	Address	Phone

SIGNATURE: _____

AUTHORIZATION AND ACKNOWLEDGEMENT FOR EMPLOYMENT WITH ASHLAND COUNTY

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am hired and it is subsequently discovered that any answer given by me is incomplete, misleading, or incorrect, I may be terminated because of false, incomplete or misleading statements, answers, or omissions made by me in this application.

I also authorize pertinent companies, schools, agencies, municipalities, or persons to give to Ashland County any information requested regarding my employment, character, experience, and qualifications and/or suitability for employment with Ashland County including a check of my police record for the purpose of considering my suitability for hire. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining, or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

In addition, a copy of this authorization is as valid as the original and should be recognized as such.

Signature _____ Date _____

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Ashland County does not allow immediate family members to supervise another family member in the work environment. In other circumstances, family members may be barred from working together for reasons of safety or security or other business necessity.

Are you related to anyone currently employed by Ashland County? Yes_____ No _____

If yes, please specify:

Name	Relationship	Position
Signature _____		