

**APPLICATION FOR EMPLOYMENT  
WAYNE COUNTY, OHIO**

**An Equal Opportunity Employer**

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**Please type or print responses to all of the questions contained on the entire application form.**

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**DATE OF APPLICATION:** \_\_\_\_\_

**POSITION(S) APPLIED FOR:** \_\_\_\_\_

**STATUS OF POSITION APPLIED FOR:** \_\_\_\_\_ **FULL-TIME** \_\_\_\_\_ **PART-TIME** \_\_\_\_\_ **OTHER**

**REFERRAL SOURCE:** \_\_\_\_\_ **ADVERTISEMENT** \_\_\_\_\_ **FRIEND**

\_\_\_\_\_ **RELATIVE** \_\_\_\_\_ **EMPLOYMENT AGENCY**

\_\_\_\_\_ **OTHER**

\*\*\*\*\*

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_ **M.I.** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**ARE YOU AN ADULT, LEGALLY EMANCIPATED OR OTHERWISE LEGALLY ELIGIBLE TO WORK IN THE STATE OF OHIO?**

**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES?**

**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**HAVE YOU FILED AN APPLICATION WITH WAYNE COUNTY BEFORE?**

**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_ **DATES:** \_\_\_\_\_

**HAVE YOU BEEN EMPLOYED BY WAYNE COUNTY BEFORE?**

**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_ **DATES:** \_\_\_\_\_

**ARE YOU PRESENTLY ON LAYOFF AND SUBJECT TO RECALL?**

**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**DO ANY OF YOUR FRIENDS OR RELATIVES WORK FOR WAYNE COUNTY?**

**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**If yes, list name(s):** \_\_\_\_\_

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**HAVE YOU EVER BEEN CONVICTED OF A FELONY?**

**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**If yes, please explain:** \_\_\_\_\_

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**(The Employer will only consider specific crimes related to qualifications for position applied for.)**

**DO YOU HAVE ANY COMMITMENTS (I.E., SECOND JOB, SCHOOL, ETC.) WHICH MIGHT INTERFERE WITH, OR ADVERSELY AFFECT, YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR A POSITION?**

**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**If yes, please explain:** \_\_\_\_\_

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### EMPLOYMENT HISTORY AND WORK EXPERIENCE

In this section, list all employment history and work experience in date order, including military experience. Begin with your current employer. Use additional paper if necessary. Failure to include all employment may be grounds for disqualification.

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**CURRENT EMPLOYER:** \_\_\_\_\_  
(Enter "none" if unemployed)

**MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT?**

**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**DATES EMPLOYED:** \_\_\_\_\_ **TO** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**SUPERVISOR'S NAME:** \_\_\_\_\_

**BEGINNING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_ **ENDING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_

**DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHY DO YOU WANT TO LEAVE?** \_\_\_\_\_

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**PREVIOUS EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**DATES EMPLOYED:** \_\_\_\_\_ **TO** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**SUPERVISOR'S NAME:** \_\_\_\_\_

**BEGINNING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_ **ENDING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_

**DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHY DID YOU LEAVE?** \_\_\_\_\_

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**PREVIOUS EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**DATES EMPLOYED:** \_\_\_\_\_ **TO** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**SUPERVISOR'S NAME:** \_\_\_\_\_

**BEGINNING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_ **ENDING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_

**DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:**

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

**WHY DID YOU LEAVE?** \_\_\_\_\_

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**PREVIOUS EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**DATES EMPLOYED:** \_\_\_\_\_ **TO** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**SUPERVISOR'S NAME:** \_\_\_\_\_

**BEGINNING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_ **ENDING SALARY:** \_\_\_\_\_ **PER** \_\_\_\_\_

**DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:**

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

**WHY DID YOU LEAVE?** \_\_\_\_\_

**If you need to list any additional previous employers, please use a blank sheet of paper to do so.**

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**EDUCATION AND TRAINING**

**This section is intended to give the Employer information about the education and training that the applicant has completed, and to demonstrate the skills, knowledge, and abilities of the applicant to perform the job duties of the position.**

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**HIGH SCHOOL ATTENDED:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DID YOU GRADUATE:** \_\_\_\_\_ **HIGH SCHOOL EQUIVALENT?** \_\_\_\_\_

**COURSES PERTAINING TO JOB APPLIED FOR:** \_\_\_\_\_

**ACTIVITIES, AWARDS, ACHIEVEMENTS, ETC., RELATED TO THE POSITION APPLIED FOR:**

**COLLEGE OR TRADE SCHOOL ATTENDED:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATES OF ATTENDANCE:** \_\_\_\_\_ **TO** \_\_\_\_\_

**DID YOU GRADUATE?** \_\_\_\_\_ **DEGREE:** \_\_\_\_\_

**COURSES PERTAINING TO JOB APPLIED FOR:** \_\_\_\_\_

**ACTIVITIES, AWARDS, ACHIEVEMENTS, ETC., RELATED TO THE POSITION APPLIED FOR:**

**GRADUATE SCHOOL(S) ATTENDED:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATES OF ATTENDANCE:** \_\_\_\_\_ **TO** \_\_\_\_\_

**DID YOU GRADUATE?** \_\_\_\_\_ **DEGREE:** \_\_\_\_\_

**COURSES PERTAINING TO JOB APPLIED FOR:** \_\_\_\_\_

**ACTIVITIES, AWARDS, ACHIEVEMENTS, ETC., RELATED TO THE POSITION APPLIED FOR:**

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Please use the following space to provide any further information on training, education, skills, abilities, hobbies, volunteer work, etc., that you possess or have experienced that may be helpful in the evaluation of your application.

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

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PLEASE LIST THREE REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU HAVE KNOWN AT LEAST ONE YEAR:

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

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Please answer the following questions if they are applicable to the position(s) for which you are applying.

DO YOU POSSESS A VALID STATE OF OHIO DRIVER'S LICENSE?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

DO YOU POSSESS A VALID STATE OF OHIO COMMERCIAL DRIVER'S LICENSE?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, WHAT CLASS OF LICENSE? \_\_\_\_\_

WHAT CDL ENDORSEMENTS? \_\_\_\_\_

IF NO, CAN YOU OBTAIN THE PROPER CLASS OF COMMERCIAL DRIVER'S LICENSE AND ENDORSEMENTS, FOR THE POSITION YOU ARE APPLYING FOR, PRIOR TO EMPLOYMENT?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

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Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each by placing your initials at the end of each paragraph. If you have any questions regarding one or more paragraphs, contact the Employer before initialing.

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1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical/psychological examination that the Employer deems necessary to determine whether I can 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: \_\_\_\_\_

2. I understand and accept that given the duties and responsibilities of the Employer, I may be required to work weekends, evening hours, or at other times as determined by the Employer, including overtime hours.

Initials: \_\_\_\_\_

3. I understand and accept that it may be necessary for me to sign waivers to allow the Employer to obtain information from my current and former employers, schools, and personal references.

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: \_\_\_\_\_

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE. I FURTHER UNDERSTAND THAT IF HIRED BY THE COUNTY, I MUST ABIDE BY ALL WAYNE COUNTY RULES AND REGULATIONS.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

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**FOR PERSONNEL DEPARTMENT USE ONLY**

**Arrange Interview** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Remarks** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Interviewer** \_\_\_\_\_ **Date** \_\_\_\_\_

**Employed** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Date of Employment** \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Hourly Rate/Salary** \_\_\_\_\_

**Department** \_\_\_\_\_

**By:** \_\_\_\_\_  
**Name/Title** \_\_\_\_\_ **Date** \_\_\_\_\_

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