Tuscarawas County Services does not discriminate on the basis of race, color, religion, national origin, sex, ancestry, age, or disability or any other protected class. Consideration was given in the development of this form to your right to individual privacy and equal opportunity. The information requested is needed to assist our office in assessing your employment interests and qualifications. Consideration for employment may be denied if this form is not completed accurately and in its entirety.

All applications must clearly indicate how the *minimum qualifications* and *essential functions* of the position(s) are met. Applications that do not indicate this will not be given consideration.

**POSITION DESIRED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL INFORMATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  |  |  |  |  |  |  |
|  | Last |  | M.I. |  | First |  | **Date of Application** |

|  |  |  |
| --- | --- | --- |
|  |  | **Disclosure of SSN is voluntary; upon appointment and pursuant to Section 5101.312 of Ohio Revised Code, a request for disclosure of SSN is mandatory.** |
| **Social Security Number** |

|  |
| --- |
| **Have you been known to others (e.g., schools, references, etc.) under a different name? If so, please list.** |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Present Address**: |  |  |  |  |  |  |  |
|  | Street Address |  | City |  | State |  | Zip Code |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Telephone:** | (      ) |  |  |  | (     ) |  |  |  | (      ) |  |  |
|  | Home | | | Cell | | | |  | Work | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you of legal age to work in the United States?** |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Have you ever been employed by the state, city, county or other public service of Ohio?** |  | Yes |  | No |
|  |  | Dates/Location of Prior Service | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you have any relatives who are currently employed by the County?** | |  | Yes | No |
| **If yes, list employee’s name and relationship.** |  | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Referral Sources:** | Advertisement |  | Friend |  | Relative |  | Employment Agency |  | Other |

**EMPLOYMENT INTERESTS, SKILLS, LICENSES, ETC.**

|  |
| --- |
| **Summarize any special training, skills, licenses/certifications, professional qualifications that may be beneficial in the performance of any job-related functions.** |
|  |
|  |
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|  |  |  |  |
| --- | --- | --- | --- |
| **Are you able to meet the attendance requirements of this position?** | Yes |  | No |
| Explain any scheduling conflicts due to outside interests and/or commitments | | | |
|  | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **If the position requires travel, can you supply your own transportation?** | Yes |  | No |

**EDUCATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Educational Level** | **School Name/Location** | **Course of Study or Major** | **Graduate?** | | **Degree or Diploma** |
| **High School** |  |  | Yes | No |  |
| **College** |  |  | Yes | No |  |
| **Graduate School** |  |  | Yes | No |  |
| **Vocational/Technical** |  |  | Yes | No |  |

**EMPLOYMENT HISTORY**

**Please provide the following information on former employers, assignments, or volunteer activities, beginning with your present or most recent position. (You may submit a resume in addition to completing this section.) If you need additional space, attach extra copies of this page.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **JOB TITLE:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer:** | |  | | | | | | | | | | | | | | | |  | **Telephone:** | | | | (       ) | |  |  | | | | | | |
| **Address**: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employed From**: | | | |  | | | | | | |  | **To:** |  | | | |  | | **Involuntarily Terminated?** | | | | | | | | Yes | | | | | No |
| **Reason for Leaving:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Salary Beginning:** | | | | | $ | |  | | | /hr. | | | |  | | **Salary Ending:** | | | $ |  | | | | | | | | /hr. | | | | |
| **Immediate Supervisor/Title:** | | | | | | | |  | | | | | | | | | | | | |  | **May We Contact**? | | Yes | | | | |  | No |  | Later |
|  | | | | | | | | | | | | | | | **Comments**: | | | | | | |  | | | | | | | | | | |
| **Description of Work Responsibilities:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **JOB TITLE:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer:** | |  | | | | | | | | | | | | | | | |  | **Telephone:** | | | | (       ) | |  |  | | | | | | |
| **Address**: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employed From**: | | | |  | | | | | | |  | **To:** |  | | | |  | | **Involuntarily Terminated?** | | | | | | | | Yes | | | | | No |
| **Reason for Leaving:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Salary Beginning:** | | | | | $ | |  | | | /hr. | | | |  | | **Salary Ending:** | | | $ |  | | | | | | | | /hr. | | | | |
| **Immediate Supervisor/Title:** | | | | | | | |  | | | | | | | | | | | | |  | **May We Contact**? | | Yes | | | | |  | No |  | Later |
|  | | | | | | | | | | | | | | | **Comments**: | | | | | | |  | | | | | | | | | | |
| **Description of Work Responsibilities:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **JOB TITLE:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer:** | |  | | | | | | | | | | | | | | | |  | **Telephone:** | | | | (       ) | |  |  | | | | | | |
| **Address**: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employed From**: | | | |  | | | | | | |  | **To:** |  | | | |  | | **Involuntarily Terminated?** | | | | | | | | Yes | | | | | No |
| **Reason for Leaving:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Salary Beginning:** | | | | | $ | |  | | | /hr. | | | |  | | **Salary Ending:** | | | $ |  | | | | | | | | /hr. | | | | |
| **Immediate Supervisor/Title:** | | | | | | | |  | | | | | | | | | | | | |  | **May We Contact**? | | Yes | | | | |  | No |  | Later |

**SKILL EXPERIENCE INVENTORY**

Please indicate your proficiency in the following skill and/or knowledge areas (check all that apply).

**All information is subject to verification**.

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| --- | --- | --- | --- | --- | --- | --- |
| **Clerical/Administrative Support** | | | | | | |
| Keyboarding | | |  | wpm |  | Accounting |
| Customer Service (human relations) | | | | |  | Cash Handling |
| Legal Terminology | | | | |  | Report/Letter Writing |
| Multi-line Phone System | | | | |  | Budgeting |
| Dictation | |  | |  |  | Document Imaging/Scanning |
| Other |  | | | | | |
|  | | | | | | |

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| --- | --- | --- | --- | --- |
| **Computer Skills** | | | | |
| Word Processing | |  |  | Hardware Installation/Repair |
| Spreadsheets | |  |  | System Maintenance |
| Presentation Software | |  |  | Peripherals (printers, scanners, etc.) |
| Software Installation | | |  |  |
| Other |  | | | |
|  | | | | |

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| --- | --- | --- | --- |
| **Case Management** | | | |
| Case Plan Development | |  | Investigations |
| Information and Referral | |  | Spanish Interpretation |
| Counseling | |  | Interviewing |
| Social Service Programming | |  | Crisis Intervention |
| Other |  | | |
|  | | | |

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| --- | --- | --- | --- |
| **Administrative** | | | |
| Supervision | |  | Program/Operations Planning |
| Fiscal Management | |  | Human Resources Management |
| Policy Development | |  | Marketing (media and public relations) |
| Grant Writing | |  | Regulatory Compliance Oversight |
| Other |  | | |
|  | | | |

**AFFILIATIONS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| List professional, trade, business, or civic organizations and offices/licenses held. (*Exclude memberships which would reveal sex, race, religion, national origin, age, disability, or any other similarly protected class.)* | | | | | | |
|  |  | Office | | |  |  |
|  |  | Office | | |  |  |
|  |  | Office | |  | |  |
|  |  | Office |  | | |  |

**REFERENCES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please list the name and telephone number of three (3) individuals whom we may contact for a professional or work-related reference.  Exclude relatives and personal references. | | | | |
| **Name/Title** | **Address** | **Phone** | | |
| 1. |  | (     ) |  |  |
| 2. |  | (     ) |  |  |
| 3. |  | (     ) |  |  |

**CERTIFICATION**

I hereby affirm that the foregoing statements are true and complete to the best of my knowledge. I realize that any misrepresentation or false information presented in this application could lead to withdrawal of any offer of employment or termination after employment.

I understand that this application will be given every consideration, but its receipt does not guarantee nor imply that I will be granted an interview or employment. I further understand that this application will be maintained on file for future reference for at least two years.

I also understand that a background check and drug testing may be required prior to employment.

I understand and accept that any applicant who is under final consideration for a position that involves providing direct care to clients must undergo a criminal records check, and that all applicants may be required to undergo a criminal records check dependent on the position.

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.

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.

**AUTHORIZATION**

I authorize investigation of all statements contained in this application. I understand that any employment offer is subject to a reference check. I specifically authorize Tuscarawas County to contact any pertinent individual and/or firm for the purpose of obtaining information relating to my work history and job performance.

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 understand that I may be asked during the employment process if I have been convicted of a felony or misdemeanor for job-related matters but such convictions may not automatically render applicants ineligible for employment.

I waive all provisions of law forbidding colleges or universities which I have attended or past employers from disclosing any information which they have acquired relevant to my employment.

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| --- | --- | --- |
|  |  |  |
| Applicant’s Signature |  | Date |