

Coshocton County Auditor's Office

349 Main Street, Room 101

Coshocton, OH 43812

Application for Employment

Applicants may request reasonable accommodation in the application/interview process.

Please Print

Name: _____
Address: _____
Phone: _____ Social Security Number: _____
Application Date: _____
Are you legally permitted to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL DATA

Position(s) Desired: _____ Full-time Part-time

Date available to start: _____

Have you previously applied for a job with the County? Yes No When? _____

Have you ever been employed by the County? Yes No When? _____

Reason for leaving: _____

Are you related to anyone employed by the County? Yes No

If yes, please state name and relationship: _____

Do you have any time commitments that might interfere with your employment? (e.g. subject to recall, school)

Yes No

If yes, please explain: _____

Have you ever been employed by another public employer in Ohio? Yes No

If yes, provide place and dates of service: _____

Have you ever been dismissed from or asked to resign from any employment position? Yes No

If yes, please explain: _____

Have you ever been convicted of a crime (felony or misdemeanor) other than a minor traffic violation: Yes No

If yes, please explain: _____

If you are applying for a position that requires a driver's license or a commercial driver's license to perform the essential duties of the job, please answer the following:

- Do you have a valid Ohio driver's license? Yes No
- Do you have a valid Ohio commercial driver's license? Yes No
- Have you been arrested for any traffic-related incidents? Yes No
- Has your driver's license been suspended or revoked within the last three (3) years? Yes No
- Have you had your auto insurance rejected, cancelled, or been in a high-risk program? Yes No
- Have you been involved in any accident, either at fault or not at fault? Yes No
- Have you had any traffic violations in the past three (3) years? Yes No
- If yes, please list:

Offense	Approximate Date/Year
_____	_____
_____	_____
_____	_____

If employed, why do you wish to leave your present employer? _____

May we contact your present employer for a reference? Yes No

Describe briefly the type of work that you are best qualified to do by reason of background, education, previous employment or training, and tell why you feel qualified for the position(s) for which you are applying:

EDUCATIONAL DATA

NAME OF SCHOOL OR COLLEGE	LOCATION CITY, STATE, ZIP	MAJOR SUBJECT/DEGREE	SCHOLASTIC AVERAGE	DID YOU GRADUATE?
High School:				
College or University:				
Other Schools Attended:				
Other (Courses, Special Training, Etc.):				

Honors received: _____

EMPLOYMENT DATA

List all previous employment for the last ten (10) years in chronological order – last position or current employer first – including U.S. Military, if applicable. Attach additional pages if needed or resume if desired.

Employer:		Telephone:
Address:		Final Salary:
Dates Employed:	Position(s) Held:	Supervisor:
From	To	
Reason for Leaving:		
Employer:		Telephone:
Address:		Final Salary:
Dates Employed:	Position(s) Held:	Supervisor:
From	To	
Reason for Leaving:		
Employer:		Telephone:
Address:		Final Salary:
Dates Employed:	Position(s) Held:	Supervisor:
From	To	
Reason for Leaving:		

PERSONAL REFERENCES OTHER THAN RELATIVES AND FORMER EMPLOYERS

NAME	ADDRESS AND TELEPHONE	OCCUPATION

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Applicants for employment with the County are evaluated and selected on the basis of individual merit and ability with respect to the position filled. Applicants are selected and hired without consideration of race, color, religion, sex, age, national origin, political affiliation, disability or ancestry.

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CERTIFICATION

I certify that all information contained in this application is true, complete and correct to the best of my knowledge. I understand that any material omission, misrepresentation or falsification of this information is grounds for dismissal from or refusal of employment. I hereby authorize the investigation of all statements contained in this application and give permission to contact all or any of my previous employers, references and/or schools for information unless otherwise noted in this document, including permission to obtain information related to my prior work history. I also give my consent to contact the Bureau of Motor Vehicles for a Moving Vehicle Violation Report if such information is required to perform the duties of the position. I agree to submit to a post-offer, pre-employment medical examination at the Counties expense, including a drug/alcohol test. I understand that my employment is contingent upon successful completion of the post-offer medical exam and passing the drug/alcohol test. I also agree to submit to random and/or reasonable suspicion drug tests, according to the County policy, as a condition of continuing employment. I indemnify and hold harmless all persons either providing or receiving information, verbal or written, pursuant to this application.

Applicant's Signature Date

Applications not resulting in hire will be kept on file by the County Auditor's Office for a period of 180 days. After 180 days, applicants must resubmit new applications to be considered for future vacancies.

FOR INTERNAL USE ONLY	
ARRANGE INTERVIEW: YES <input type="checkbox"/> NO <input type="checkbox"/>	
REMARKS: _____	
_____ INTERVIEWER'S SIGNATURE	DATE